

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### WORK FOR THE NEW YEAR

IN the December number of the *Federation Bulletin* Mrs. Sarah S. Platt-Decker, President of the General Federation of Women's Clubs, sends for a Christmas and New Year's greeting three wishes, "epitomized [as she says] into a tenet for the federation, for every club, and for every member thereof, in the coming year, in all study or work undertaken—

" Never frown, never sigh,  
And keep step."

We pass Mrs. Decker's greetings on as a New Year's rule of action for our great body of nursing organizations, for the year 1907. We need, just at this time, a steady, unflagging interest to hold what we have gained; first of all courage and cheerfulness, and then a long, steady, even pull all together.

While we were in the stage of securing the passage of laws for state registration, we felt, perhaps, that the hardest of the work was being done, but in those states where the laws are in operation the holding fast to the standards that have been secured, and the combatting of the commercial and oftentimes malicious attacks upon those standards, require constant vigilance and an unbroken front. This is not a condition peculiar to the laws governing state registration for nurses, for we know that the women's clubs and other groups of public-spirited workers are having the same conditions to contend with in safeguarding laws governing child labor, working hours for women in factories, etc. It is the indifference and preoccupation of citizens that make the passage of unwise laws, and the repealing of good laws, possible. Nurses must appreciate their responsibility as citizens if our laws are to be main-

tained. Indifference and lack of unity are the two great factors which will lead to the undoing of what has already been gained, and when everything is apparently quiet is the time when our legislative committees need to be most vigilant.

In those states where laws for state registration have been enacted the local organizations should not be permitted to lose their interest in this very vital matter, but the manner in which the law is being administered, the practical results that are being obtained through it in the way of raising nursing standards, and the protection which it is affording to the public, should be constantly discussed, the weak points and the strong points in the statute should be kept before the members, and each individual should be made to feel her personal responsibility in intelligently sustaining those who bear the burden of the administration. It is only through this active, intelligent coöperation of the individual members, and a close affiliation of organizations, that we can "keep step" and lift the standards already obtained to a higher plane during the year 1907.

To the great army of nurses who are marching with us the world over, we wish "A happy and progressive New Year!"

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#### THE VOLUNTEER CORPS AND RED CROSS NURSES

THE Surgeon General of the Army has authorized the publication of the following facts in regard to the relations of the Eligible Volunteer Corps and the Red Cross nurses in time of national calamity or war:

1. The purposes of the American National Red Cross, and its relation to the Medical Department of the Army, are quite clearly stated in the Act of Congress, approved January 5, 1905, incorporating it. Its purposes are stated in Section 3 of that act to be:

First. To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the conference of Geneva of October, eighteen hundred and sixty-three, and also of the treaty of the Red Cross, or the treaty of Geneva, of August twenty-second, eighteen hundred and sixty-four, to which the United States of America gave its adhesion on March first, eighteen hundred and eighty-two.

Second. And for said purposes to perform all the duties devolved upon a national society by each nation which has acceded to said treaty.

Fourth. To act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States of America and their Army and Navy,



and to act in such matters between similar national societies of other governments through the "*Comité International de Secours*," and the Government and the people and the Army and Navy of the United States of America.

Fifth. And to continue and carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same.

When the National Red Cross in time of war offers its assistance to the Medical Department of the Army, and such assistance is accepted, whether it be in the shape of personnel, supplies, money, or means of transportation, these will come under the control of the military authorities.

2. The eligible volunteer list is intended to afford a selected personnel for the prompt expansion of the Army Nurse Corps whenever this becomes necessary, and these nurses are, of course, paid by the Government. Red Cross nurses are selected and furnished by the constituent branches of the American National Red Cross, not only to render assistance to the military forces of the Government in time of war, but also for the purposes named under the fifth head of the third section of the Act of Incorporation, above quoted.

The duties of these two classes of nurses when attached to the Army will be practically identical, and the character of their assignments will not be necessarily different.

3. It is not probable that the National Red Cross will offer its assistance to the Medical Department of the Army except in times of great national emergency, and it is thus probable that the eligible volunteer list of nurses would be drawn upon before the emergency became great enough to require assistance from the Red Cross.

4. There seems to be no reason why the lists should become identical, although there is no reason why the same individuals should not enter their names on both the eligible volunteer list and as Red Cross nurses.

5. As the Red Cross personnel in time of war comes under military control, there could be no divided authority.

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#### PROGRESS OF STATE REGISTRATION

WE welcome Kentucky into the roll of states which have organized for state registration, which roll now numbers twenty-five.

## NURSING EDUCATION: TEACHING PRACTICAL NURSING

ONE of the many problems which confront us at this time is in a lack of properly prepared nurses to teach nursing to nurses. So great has been the demand for nurses in private practice, so lucrative this branch of nursing work, that the great majority of women graduating from our schools naturally turn to this field. A combination of reasons make hospital work less desirable, and each year it becomes more difficult for the schools to procure able women for head nurses and for the teaching positions. An overcrowding of the field of private work, which will eventually come about, will keep larger numbers of the women trained, in the teaching field. More liberal compensation paid this important class of workers would improve these conditions immediately. Our profession is so young, and the departments of work from which a woman may choose so varied, that at this period the teaching field is not sufficiently attractive for the supply to be in any way equal to the demand. Sufficient attention has not been paid in many of our schools to the development of the purely executive and teaching ability of the pupils. On the other hand, the selection of women to fill hospital positions, or to take charge of training-schools, has too frequently been made without regard to the special qualifications which are necessary for success. The idea prevails, even to-day, among managers of hospitals and schools, that any good nurse, successful in private practice, can, after years of outside work, be placed in charge of a hospital or training-school and do satisfactory work. She may possess the womanly characteristics and be an excellent all around nurse, two very essential qualities, but if she has been ten or twelve years out of the hospital, her first years of administrative work will not be fruitful of satisfactory results. Women who have never held the position of head nurse of a ward, who have never had charge of an operating-room, who know nothing of the business methods of a hospital office, who have never supervised servants, who have never handled money for a corporation, who know nothing of the value of hospital furnishings or hospital supplies, or where they are to be bought, must spend at least a year in making mistakes before they become of much value to the institutions they are serving. Those of us who have gained our knowledge in this way know to what an extent the institutions which we have served have suffered. Special training in the administrative side of a hospital is a department of instruction for which we have as yet no school, beyond that of experience. Training-school teaching, which is still another branch, has been provided for in a limited way through the course in hospital economics at Columbia, but this school does not, as yet, supply the demand.

Too many of our able women, graduated from our great schools, are unwilling to undertake untried fields of work or to accept positions in isolated places, where the work is still of a pioneer character, the remuneration small, the responsibilities heavy, and the hours the whole twenty-four out of the day; where the love of the work must be sufficiently great to compensate for a multitude of objectionable conditions. In the earlier days of hospital and training-school development, we are inclined to think that the women with the true philanthropic spirit were more numerous than they are to-day, but perhaps it is only that the opportunities are so much greater that there are not enough women possessing this spirit to go around. However that may be, the fact remains that it is with great difficulty that really good women can be secured to fill the vacancies which occur in our ever-increasing number of hospitals, large and small, that maintain training-schools, and it is to this fact that we attribute many of the unsatisfactory conditions that exist at the present time. We need not only better teachers, but we need in greater numbers women of a broader general education, culture, and refinement in the nursing field, who shall be prepared, before they leave the hospital, for the more purely executive and teaching side of nursing work. The first responsibility here rests with the training-schools and hospitals, that the conditions shall be made such that the more highly educated classes of women will enter the nursing field; that hours in the ward shall be shorter, that the nursing force shall be larger, that living accommodations shall be not only sanitary but attractive, and that the instruction in all branches of nursing and executive work shall be systematically taught by experts in each department. This, we acknowledge, is more easily said than done, but it is being accomplished in some of our schools, and it may be accomplished in all when the responsibility of the hospital in this particular is more keenly appreciated.

The individual responsibility of a woman holding a position at the head of a hospital or training-school is overwhelmingly great. Perhaps in no walk of life does a woman exercise so broad and so lasting an influence. Of this personal responsibility we shall speak later.

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#### MORAL PROPHYLAXIS

THE *Journal of the American Medical Association* of October 20, 1906, contains a symposium on the subject of moral prophylaxis, consisting of seven papers, which cover the whole broad subject, contributed

by physicians from seven different states. These papers were read at the 57th annual session of the American Medical Association in June of 1906. It is the consensus of opinion of these writers that the broader education of children and young men and women in regard to the physiology and hygiene of sex is absolutely necessary, although the writers have not come to a conclusive decision in regard to the best methods of disseminating such knowledge. The paper by Dr. Muren, published in this issue, shows the general trend along which the society of moral prophylaxis is working, and we believe that such an awakening of the medical conscience in regard to the greatest of the social evils must be productive of a great reform movement. In the education of girls and women there would seem to be a field of special work for women physicians and trained nurses. It is certainly a subject that all nurses should understand and be prepared to fill whatever place is assigned to them in this movement, and to this end the matter should be brought before the nurses' clubs this winter. Dr. Muren's paper can be used as an introduction to a series of lectures or talks to be given by a physician of progressive thought along these lines.

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#### SPANISH-AMERICAN WAR NURSES

THE following card of Christmas and New Year's greeting has been sent to every Spanish-American War Nurse, whether a member of the Association or not.

A Happy Christmas and a Prosperous New Year to all my comrades of the Spanish-American War. Are you a member of the Association? If not, why not? Let us in the year just dawning make "A long pull, a strong pull, and a pull all together," that we may accomplish the good that this great body of nurses is capable of doing. Our laurels of 1898 will profit little to our country and to ourselves if we are not, in the future, united in seeking greater opportunities at home for our profession. Will you help do this work?

Faithfully yours,

LAURA A. C. HUGHES, M.D.  
President Spanish-American War Nurses.

We add our greetings to those of Dr. Hughes, and especially to those nurses who served in the Spanish war and are not members of the Society. There is a great work waiting for this Society to do, and every woman who has seen service should fall into line and do her duty to her profession as she did it to her country at the call of war.

### A REVIEW OF STATE REGISTRATION

IN this number of the JOURNAL will be found the eight bills for the state registration of nurses which are now in force, and which have had their practical value clearly demonstrated. We are to give during the winter criticisms of the value of each of these laws, prepared by women who have been closely in touch with their administration in the several states.

Miss Riddle's paper, the leading article in this number, is presented especially for the benefit of new workers in the registration movement, but it should be read carefully by every nurse who wishes to keep herself informed upon all the lines of advancement. One should never become rusty upon a subject of such vital importance as this.

In our February number the second paper in this series will deal with the essential points in every bill, and how to pass it, and will be by Miss S. F. Palmer, President of the Nurse Board of Examiners of New York.

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### MISS GOODRICH AND THE NEW BELLEVUE

PERHAPS the most noted event of the year of 1906 in the field of strictly training-school development has been in the reorganization of the old Bellevue school, which is to embrace not only the new Bellevue Hospital, but five of the smaller city institutions. The plans upon which this reorganization is being developed promise to make the Bellevue school the ranking school of this continent.

Miss Annie W. Goodrich, whose achievement in the nursing field places her among the greatest of our women, has been appointed to fill the position of superintendent of this training-school. Miss Goodrich is to have her own apartment, not connected with any of the hospitals, and the compensation which she is to receive is the most liberal, we think, of that being received by any woman engaged in nursing work.

We congratulate Bellevue upon having secured the services of so brilliant a woman, and we congratulate Miss Goodrich that her devotion to her profession has brought to her such honorable recognition.

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### THE NEXT NEW YORK STATE EXAMINATION

REPORTS from the one hundred and six registered training-schools for nurses in the state of New York showed some weeks ago that there were to be at least two hundred and thirty candidates come up for the examination in January.



These candidates must make individual application for admission to the examination, such applications to be addressed to the Examinations Division, Education Department, Albany, New York. Nurses who have not yet sent for their papers should do so at once.

These examinations begin January 29th, and extend until February 1st, and are held at Buffalo, Syracuse, Albany, and New York.

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### THE NEW YORK CURRICULUM

THE curriculum for training-schools issued by the State Education Department in the early summer as "proof under revision" is now being printed in regular form as Bulletin No. 28 of the Department series. The first proof edition was exhausted very quickly, the demand for it being much more universal than was anticipated, and the May edition of the JOURNAL, which contained it, also was out of print much earlier than usual.

Both the Board of Examiners and Dr. Taylor had hoped for a free criticism of the syllabus, but no changes of importance have been suggested, and to meet the demand for copies, which has been constant, the Department, after conference with the Nurse Board, decided to have it printed without revision.

It is to be borne in mind that the syllabus is suggestive and advisory, and not mandatory, and that the subjects recommended are to be studied from the standpoint of nursing education, not medical education, although medical terms must necessarily be used in the arrangement of the outline. Superintendents of schools for nurses understand this, but there seems to be misconception on the part of some physicians of the motive for and scope of the syllabus. That it is faulty, those who have prepared it are aware, but in a work so entirely new, suggestions coming from those who have attempted its practical application are necessary before great improvements can be hoped for.

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### A PROGRESSIVE MOVEMENT

THE Alumnae Association of the University of Pennsylvania Hospital has increased its annual dues to five dollars per year, which includes the subscription to THE AMERICAN JOURNAL OF NURSING, thereby leading a movement which it is hoped will become universal, and which we rejoice to see commenced.

If the affiliated societies of the Associated Alumnae will follow the example of the University Hospital Alumnae, we can make this magazine "the greatest thing on earth."

## NURSES' RANK IN THE CANADIAN ARMY

A NOVA SCOTIA paper is our authority for the following:

Miss Margaret C. McDonald, of Bailey's Brook, has been appointed to the Permanent Army Medical Service, with the rank of Lieutenant, and notified to report for duty at the Garrison Hospital at Halifax. Miss McDonald is one of the Canadian nurses who went to South Africa, and she recently held an important position in the Health Department of the Isthmian Canal Commission at Panama.

The Canadian Government seems to be more appreciative of the dignity of the nursing service of the army than our own. With rank for nurses in the army across the border, American nurses should make a great effort to secure it, and the Spanish-American War nurses should lead in creating public sentiment to this end. We are inclined to think that the National Red Cross Society would coöperate in any movement that would better the nursing service of the army.



## SPECIAL FEATURES IN VISITING NURSING

THE Report of the Instructive Visiting Nursing Association of Baltimore for the year just ended gives some features of the work that are very interesting and of an unusual character. It is shown that three nurses, not supported by the association, have worked under its direction during the year. The expense of one nurse has been entirely borne by an association of ladies of Christ Church, and she has worked in connection with a dispensary maintained by this church at its mission in Southeast Baltimore. Two nurses, who have devoted their entire time to the care of patients suffering from tuberculosis, have been maintained by separate funds; one owes its origin to a large number of contributions received by Mrs. William Osler in reply to a request for means to support a tuberculosis nurse; the other was raised by the Maryland State Association of Graduate Nurses. The fact that these three nurses have been placed under the direction of the association and that their work has been so satisfactory to all the interests concerned is most important. It shows the success of having one guiding influence for one class of charitable work, as marked by efficiency, coöperation, and entire absence of duplication of work.

The names of fifteen nurses are given who have rendered volunteer service to the association.

## WHY WE SHOULD HAVE STATE REGISTRATION FOR NURSES

By MARY M. RIDDLE

President of the Massachusetts State Nurses' Association

WE have been told that the tendency of the long past has been toward diversity, that the future will be toward oneness. And we are further taught that experience in all forms of life and methods of living proves the truth and wisdom of the statement, which may be seen in the natural and spiritual world as well as in the intellectual and commercial, and is exemplified in the development of the sciences; the increasing toleration of one form of religion for another; the general dependence upon the state; the universal adoption of modern conveniences and inventions, which tends to bring all people under one condition of living; the spread of knowledge, by means of which all nations are brought into closer relationship with a *oneness* of purpose; the development of commerce between nations, which removes barriers and makes the nations one; the modern concentration of capital and the organization of labor—all mighty and potent forces toward the standardizing of methods of living.

Then since each form of life and work demands a standard by which to estimate its usefulness and test its power, it follows as a natural sequence that there should also be an established rule by means of which the education of nurses may be measured. With the same end in view, viz., that of fixing a standard, teachers are registered and licensed by the state, physicians are licensed by the state, as are also pharmacists, dentists, and various artisans. Several states have passed laws regulating the practice of professional nursing—each one having its own special law, the result of its own requirements.

The object of such legislation is unmistakable even to the most casual observer. It is for the protection of that great body we call the public, but it is especially designed as an aid to those not well favored by education or fortune or experience or knowledge. Its intent is to promote their welfare by securing to them the means of knowing to whom they may safely apply for skilled help in their extremity. It enables them to determine by the only feasible means who are the educated and intelligent nurses, and who are not; who are entitled to the trust that must of necessity be reposed in them, and who are not; who are true and may truly "walk in the light," and who are pretenders; who are

deserving of esteem, and who are presumptuous and often woefully ignorant.

Its opponents have urged that such legislation forwards the interests of a few—of a class—but they forget that the members of the class need no such protection; they can take care of themselves—their education and opportunities have taught them how. Neither does it insure to them a greater variety or choice of work; that is secured to them by the greater demand that is being constantly made for skilled service, and that has doubtless been increased by the unskilled nursing care so freely offered in these times.

Many other reasons for opposition are given, such, for example, as, "The legislation is not wanted," which is untrue and, therefore, a false premise from which no just argument can be deduced. It is easily seen to be untrue when one reflects upon the vast body of women yearly praying their legislators for the enactment of suitable laws. If inclined to the belief that women count for so little in the body politic that their wishes do not signify, it yet remains untrue by reason of the demands for more thorough and uniform education, which common sense and reason as well as experience teach us can be secured in no other way (at least, it *has* not been secured in any other way); and the self-same opposers are wont to exclaim, "It would seem that the state might aid in securing greater uniformity," etc., or, "Why could we not appeal to the state?" apparently not thinking that thus do they coincide with the nurses in asking for legislation and virtually say it is *wanted*.

Again, we hear the opponents say, "Such a law would be a menace to the personal liberty and usefulness of the nurse who cannot meet its requirements," and again we say it is untrue (unless it may be that when the educated nurse is recognized as being on a higher plane, the other *seems* lower than before; whereas she remains in the same position, the same contrast exists that existed before, it being only a little more evident to the unthinking), because all the enactments as well as the proposed laws plainly state that in no way shall they be construed to interfere with any one practising nursing either for hire, for charity, or in her own family, provided she does not call herself a *registered nurse*. In other words, there is to be no punishment for filling her chosen vocation, but a penalty shall be inflicted for "false pretenses" when she assumes the title.

All believers in state registration are willing to grant that the law is a menace to the liberty of that promoter or maintainer of a small, special, private hospital which has the nursing therein done by a so-called training-school for nurses, because he thus gains financially

through the services of the school falsely named, by reason of its failure to train or offer any educational advantages to the nurses other than what they may pick up through hard experience. It is morally right to menace and to more than menace the liberty of such a promoter—one who renders to the nurses no just equivalent for their services to him. It may be that he is a power in the land and can successfully retard legislation for a time, but even he cannot always deceive the people, and eventually he will find himself compelled to render to those nurses their due either in educational advantages or the "current coin of the realm."

Again, we have heard that it is *unnecessary*, but this also is false, by reason of the arguments already given. This claim is the favorite one used by the economist, who, too short-sighted to recognize such a law as a great advantage to himself, is therefore unwilling to burden the Commonwealth with the additional expense necessarily entailed.

Unfortunately for the opponents, they cannot present the same arguments against such laws as they were accustomed to give when opposing state registration for the medical profession, viz.: "They tend to obstruct progress," because great progress has already been made even in those states where nothing has yet existed but the *possibility* of an enactment. To prove the correctness of this statement, witness the improvements being made in the schools of Massachusetts, and hear the words of the superintendents proclaiming their necessity "if we have registration." Neither can it be argued that any law has proved a failure because the greatest progress has been made in those states having laws in operation.

Then, since every argument against state registration is futile or false, or offered for purely personal and selfish reasons, it may be pertinent to set forth the reasons "Why we need State Registration for Nurses."

It will set a standard of excellence and nursing education so that the professional nurse will be the registered nurse. It will give a dignity and legal status to the profession, it will be the "hall-mark of distinction," so to speak, or, if you please, the state's approval will set upon the nurse a stamp by which she will be known to the world as "sterling."

In answer to the questions as to why all this is necessary, why are not nurses content to let well enough alone, why do they not just nurse and keep out of organizations, etc., etc., we must reply that the demands of modern medicine and surgery require that the nurse be something more than a machine to follow the orders of the physician and surgeon; she must be a woman of keen perceptions, of observation, of judgment,



of an educated mind, and of experience, because the physician depends upon her to furnish the information needed to enable him to give the necessary orders. The time has gone by when all that was demanded of the nurse was that she follow orders. She continues to follow orders, but she also knows the reasons for them, and must know when to anticipate them.

In time of prosperity and the successful progress of the case, one may safely assert that the nurse need not be so highly educated and developed, but in the patient's extremity all are willing to admit that she cannot know too much; her quick eye must detect the first change, her keen intellect and experience must understand and interpret it—this, we say, is demanded by physicians and patients, and it is very evidently the duty of the state to secure it to them; hence we say we need state registration for nurses.

It will furnish a protection against the spurious nurse, and will prevent her masquerading in cap and gown when her only knowledge of the uniform was gained while serving as maid in the wards of the hospital. It will keep under surveillance the incompetent and possibly the dishonest nurse, and, if need be, revoke her certificate; it can prevent a probationer who was not accepted because of her unfitness, or a pupil who was dismissed for cause, from posing as a graduate nurse. It will make, and even now has made, schools of nursing see the necessity for a more uniform curriculum.

In order that the graduates of any school may meet the requirements of a state law, they must be prepared to do so, and adequate instruction and opportunities must be furnished. Right here is the keynote of the whole situation, *i.e.*, the public (patients and physicians) demand certain qualifications in the nurse. Some schools have always given opportunities for their cultivation; others have not. A state law says, if the nurse undertakes to do certain work under a certain title, that of Registered Nurse, she must come up to the standard. This condition reflects back to her school, and compels it either to make the possibility for her to do so or to lose its pupils.

Doubtless the greatest opposition is really from this source, whether it comes from the school or its graduates. The school opposes because to increase or change its curriculum means the expenditure of money or the yielding up of pet theories; the graduate's opposition is simply the result of the innate desire for self-preservation, and is above criticism.

Mark you, however, as before stated, the nurse is making a stand against a fancied wrong more than a real wrong, and she should have the situation explained to her, she should understand that she may

continue her work without interference as long as it comes to her hand; that she may not be as strong in her position as her sister who has had the greater advantages, and whose school has dealt more justly with its pupils, but that if she has established for herself a practice she is safe in it and has nothing to fear.

Neither shall the public be deprived of its right to make a free choice by compelling it to employ only registered nurses.

If the school can continue to procure pupils, it also is safe, but it knows that therein lurks its danger, and it consequently opposes a law for registration. Almost all such schools are of the class that depend upon the services of the pupils for their support, or the support of the hospital to which they belong, or they are the special and private hospitals before described. All the special and private hospitals are not thus opposing the extension of their curriculum. Many have recognized the justice of the demand and improved accordingly. The correspondence schools, however, would have no recognition whatever, not having the slightest excuse for existence. Their methods would be criminal if they were not so absurd. Let them be relegated to the ash-barrel.

A law for state registration will furnish an incentive to keep all nurses up to the standard; it might be well for them to be required to pass an examination periodically, in order to retain the title R.N., or be recognized as professional nurses.

In order that state registration for nurses may become a fact and a success, graduate nurses all over the land must exercise their strength to that end; they must be informed of its possibilities, they must inform others, they must especially see to it that legislators and men of influence are correctly instructed regarding it, and their efforts enlisted in the cause; they should talk about it among themselves, and talk to others; their reply to the question "Why?" should always be, "Because better nurses are needed, and we believe such laws are a means to that end;" then, if necessary, show how.

While believing in state registration for nurses, and putting forth our best efforts for the passage of laws to secure it, we do well to remember among ourselves that there are certain things it will not do for us: It will not make times harder for the well qualified; it will not make times easier for the poorly qualified; it cannot put the unethical nurse out of existence; it cannot make good nurses nor good women; it cannot change the character of the nurse, neither will it change the demand of the public for nurses of good character; it *can* not and *will* not and *should* not make the public attach less importance to the character of the nurse than to her technical skill.

## **THE AMERICAN SOCIETY OF SANITARY AND MORAL PROPHYLAXIS, ITS AIMS AND OBJECTS \***

By G. MORGAN MUREN, M.D.

BROOKLYN-NEW YORK

Professor of Genito-Urinary Surgery and Venereal Diseases, Brooklyn Post-Graduate Medical School; Genito-Urinary Surgeon to Williamsburgh Hospital

MADAM President and Members of the New York State Nurses' Association:

At the request of your President, I have been delegated by Dr. Morrow, President of the American Society of Sanitary and Moral Prophylaxis, to speak to you to-day upon the aims and objects of our society.

To quote from Article 3 of the constitution:

"The object of this Society is to limit the spread of diseases which have their origin in the Social Evil. It proposes to study every means, sanitary, moral, and administrative, which promises to be most effective to this purpose."

Members of the society are elected from the medical profession and laity, and many women have joined. These latter are largely teachers, settlement workers, nurses, etc. The annual dues are two dollars, and there is no initiation fee. Meetings are held at the New York Academy of Medicine, and notices of these appear in the medical press and elsewhere, and are sent to members. The headquarters of the society are in New York City, with branches in other cities of the United States. The active work of the society is done by an executive and the following standing committees: Committees on Education, on Treatment, on the Social Evil, on Legislation, on Publication.

It is possible in this paper only to consider briefly the two important reasons that have caused to be formed in America, as well as in many European countries, including France, Germany, Italy, Spain, etc., societies with the above objects.

To these I invite your attention:

First. Venereal infection falls hardest upon innocent women and children, who have committed no indiscretion, but are infected by the husband or father.

Second. It is due to ignorance in probably a majority of cases

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\*Read by invitation before the New York State Nurses' Association at Brooklyn, November 20, 1906.

that the disease is in the first instance contracted. We must feel sure that in almost all cases it is ignorance that allows a man to jeopardize the health and many times the life of his wife or child by marrying while the subject of venereal infection. Yet, on the other hand, those of us who constantly see these diseases are many times appalled at the selfishness of some men.

To combat this ignorance, which is confined to no particular part of the community, will be the chief aim of the society. Its message must be carried to all sorts and conditions of men and women, as the so-called better classes have as much need of proper instruction in these matters as the sweat-shop worker; for venereal diseases come close to nearly every man, and so to his family, during some part of his career.

To consider the first proposition: what is the danger of venereal infection to the young wife and unborn child?

In 1901 the Committee of Seven, of the Medical Society of the County of New York, issued their report on "The Prophylaxis of Venereal Diseases in New York City."<sup>1</sup>

In order to obtain an approximate idea of the number of cases occurring in a single year, a circular letter of inquiry was sent by the committee to each of the 4,750 physicians resident in Greater New York. In this letter the work of the committee was briefly outlined, and a list of questions given regarding the number of venereal cases treated in private practice, age and sex of patients, complications, sources of infection, etc., to be answered by each physician. Eight hundred and eighty-six replies were received to these circular letters. A number of these were unavailable for various reasons, which reduced the total used to 678. The total number of cases reported by these 678 physicians, and preserved by the committee for future reference, was 23,196 cases of gonorrhœa and 7,200 cases of syphilis. Many of the eye, ear, and throat men, gynecologists, neurologists, etc., admitted that they treated a large number of venereal cases, but as it was usually for complications, or late manifestations, the cases were recorded under other titles and so were unavailable. No cases of chancroid, the purely local venereal ulcer, were included.

Taking this aggregate of 23,196 cases reported by 678 physicians, it was estimated by the committee that the total number of new venereal cases occurring in Greater New York in this particular year was, in private practice, at least 162,372.

While it may be inferred that many of these cases appear twice or oftener on account of the well known habit of this class of patients to drift from one physician to another, the committee believed the

estimate to be below the number of actual cases, as no consideration was taken of the large number of cases treated by advertising physicians and druggists. It is estimated in Europe that from twenty-five to fifty per cent. of venereal cases are treated by charlatans. In this country probably as large a percentage is treated by quacks, by druggists, and by self medication with certain well advertised nostrums.

Upon analysis of the statistics arranged by the committee, under gonorrhœa are grouped 12,956 men and 1,941 women. The preponderance of males is explained by the fact that many reporters did not state the sex of their patients, but simply stated so many cases of gonorrhœa, and so many cases of syphilis, and all such cases were tabulated as males.

Among the women, pelvic complications occurred in nearly forty per cent.

Among children there were 205 cases of ophthalmia.

In the group of syphilis there were 1,657 cases in women, 61 children with acquired syphilis, apparently due to contagion in family life, and 468 children with hereditary syphilis. When it is recalled that considerably over eighty per cent. of children with hereditary syphilis die, it will be seen that this number surviving indicates a very large total death rate among infants from this disease.

Nine hundred and eighty-eight cases of marital infection were reported, presumably, as is the rule, from husband to wife.

Of the forty-five charitable institutions and dispensaries in Manhattan, nine declined permission to inspect their records, or refused to give the desired information, on the ground that they did not receive venereal cases. The thirty-six who allowed their books to be inspected furnished records of 14,649 cases of gonorrhœa, and 7,607 cases of syphilis, a total of 22,256 treated during the year. There were 9,452 cases reported simply as venereal diseases, in which there was no division of gonorrhœal and syphilitic cases, swelling the list to 31,708.

The following is quoted from the report: "In addition there were found upon the records of the dispensaries 3,907 cases of chancroid, 898 cases of epididymitis and orchitis, 332 cases of cystitis, 414 cases of bubo, 261 cases of venereal warts, 172 cases of balanitis and phimosis, 523 cases of ophthalmia, 142 of ophthalmia neonatorum, 19 of vulvovaginitis in children, 195 of hereditary syphilis; 30 of the cases were caused by extra-genital infection. This by no means represents the amount of venereal diseases treated in our public institutions. Although gonorrhœa and syphilis are ostensibly not treated in the general hospitals of this city, we find records of cases in the few investigated—many thousands altogether—in which the sequelæ of gonorrhœa and the late



systemic manifestations of syphilis are received and treated, but entered under names which are not recognized by the laity as indicating a venereal origin. Thus in one of the eye hospitals there were 136 cases classed as purulent ophthalmia, in all of which the gonococcus had been identified by bacteriological examination as the pathogenetic factor. In the same institution there were 38 cases of interstitial keratitis, indubitably of syphilitic origin, but not indicated in the record. It would seem that, in the society of diseases, venereal diseases represent the criminal classes—they are disreputable; they have a bad character, and, like most criminals, when they consort with the respectable element they masquerade under an alias, so that in a public hospital it has been ordained that they appear not under their true names, but disguised under a variety of aliases which do not betray their venereal origin.

The annual reports of a few of our general hospitals record 371 cases of salpingitis, 1,762 of endometritis, 335 of pyosalpinx, 45 of salpingo-ovaritis, 48 of vulvovaginal abscess, 169 of vaginitis, 651 of stricture, 173 of gonorrhœal rheumatism. Altogether there were collected records of 9,731 cases, including many cases in the hospitals under titles indicating their venereal origin, making a total of 41,439. The records of the hospitals also abound with cases of locomotor ataxia, rickets, cerebral and spinal accidents, monoplegias, hemiplegias, general paralysis, epilepsy, and various nervous affections, in which syphilis is a common etiological factor.

It would seem a strange perversion of the proper purposes of charitable institutions, that a patient is debarred entrance into our general hospitals when the disease is acute and a source of danger to others, but he is readily admitted when suffering from the remote effects of the disease, which might have been prevented by prompt treatment.

Practically the hospitals proclaim to this class of patients: "We cannot receive you when your disease is acute and curable, but when your gonorrhœa has developed into stricture, salpingitis, peritonitis, or when your syphilis has affected important central organs, the brain, the spine, the organs of special sense, you may be received, but your disease shall be baptized under another name which does not offend the refined susceptibilities of our patrons."

The committee must censure the attitude of the governing boards of our hospitals in excluding all mention of venereal diseases from their reports, as if it were a shame and a reproach. While it may be true that a respectable syphilis does not exist, they give the public the impression that it is almost as disgraceful to treat syphilis as to contract it.

It will be observed that these statistics were confined to certain

institutions in the borough of Manhattan. The island institutions, the Penitentiary, Workhouse, House of Refuge, and many of the public hospitals were not visited. The institutions in Brooklyn and other boroughs were not investigated.

The only available basis for a comparative estimate of venereal morbidity in the other boroughs appeared to be the mortality statistics of all the public institutions of Greater New York. The deaths for 1899 in the public institutions of the borough of Manhattan were 10,157. The deaths in the institutions of all the other boroughs were 5,400, a little over one-half. Applying this basis of calculation, the total number of cases of venereal diseases treated in the institutions in Greater New York would foot up to a total of 62,157 cases; this, with the cases treated in private practice, would make a grand total of about 225,000 in both private and public practice.

This total the committee regards as rather under than above the actuality. The figures do not, of course, represent the sum total of venereal morbidity, but only the number of cases actually treated during the year. There is no class of diseases so serious in their direct and ultimate effects upon the health of the individual, which is so apt to remain untreated. One cause is the ignorance of their significance on the part of patients; another is the feeling of shame and fear of detection on account of the publicity inseparable from the conditions under which dispensary treatment is given.

#### MORTALITY FROM VENEREAL DISEASES

During the year 1900 there were recorded 177 deaths due to syphilis. The Health Department officials admitted that these figures gave no idea of the actual number of deaths. The following causes of death are mentioned as those in which, in a very large proportion of cases, syphilis may be considered the real cause: premature birth, 1,179; marasmus, 2,136; hydrocephalus, 28; locomotor ataxia, 50; general paresis, 341; softening of the brain, 875; hemiplegia, 232; paraplegia, 96.

Gonorrhœa may be found masking under other names, such as the following: ovarian diseases, 141 deaths; diseases of the uterus and vagina, 137; pelvic abscess, 27.

I have quoted freely from "The Report of the Committee of Seven" in an effort to show you the enormous number of venereal infections that occur in a single year.

As to the mortality rate, it is impossible to estimate the number

of deaths directly or indirectly due to venereal infection. Consideration for the family, many times, will impel the physician to write a cause of death in the certificate that but vaguely, if at all, indicates a venereal origin to the statistician.

This brings us to a consideration of what has been done, and is being done, in the effort to combat these, perhaps the gravest and most common of human ills, and to spread broadcast correct information to take the place of the ignorance the results of which fall so heavily upon the innocent.

#### PROPHYLAXIS

*Regulation.*—In France and some other countries of continental Europe good results have been claimed from the regulation of prostitution by its municipal control, the constant work of the medical examiners eliminating, in a measure, the women conspicuously diseased. On account of the present public sentiment in this country, little effort can be made in this direction; but, while there are many strong arguments against it, it must not be entirely laid aside, as in the future regulation may meet with more general approval and some success.

The chief deficiency in the law licensing prostitutes is that it takes no account of the male delinquent who goes on his way spreading infection. An excellent account of the French system of regulation is given in a paper by Professor Tuffier of Paris, "The War Against the Venereal Diseases in France," presented at the last meeting of the American Medical Association, and published in the *Journal of the Association* for October 20, 1906.

*Segregation.*—The isolation of prostitutes in certain sections of cities meets with the same sentimental objections as does "regulation," in this country. There are undoubted arguments in its favor, but they need not be considered under present circumstances.

*Regulation by the Department of Health.*—It has been suggested that venereal diseases be reported to the Health Department, as are other contagious diseases. As I have said in another paper,<sup>2</sup> if this were carried out, with the patient's name, etc., recorded, it would soon become known, and patients would seek medical attention from the quacks or certain unscrupulous druggists, who would not report them to the department.

It is proposed by the Committee of Seven that cases might be reported to the Department of Health omitting the names of patients. If this was compulsory, and was done by private practitioners and by officials of hospitals and dispensaries treating these diseases, much valuable information could be collected.

The control of diseased women by the Health Department would be regarded as "regulation," and would not meet with general approval.

There now remains for consideration the only means of prophylaxis that is feasible at present in this country, and practically the only one with which much effort will be made at present by the American Society.

*Education.*—With the present feeling in this country regarding the Social Evil, this is the only means we can employ in fighting venereal diseases.

Any control of public women by police or sanitary authorities must admit that, under certain restrictions, they may be permitted to follow their calling. This is so averse to present public sentiment that it cannot yet be considered, even in a very small degree.

How the general public, and particularly the youth of the country, can best be informed of the grave dangers of venereal infection, has been the main subject of discussion at the meetings of the American Society.

The distribution of carefully prepared literature, and the sending of speakers to colleges, institutions, and the meetings of various societies, may be said to cover the present work.

The preparation of the material for pamphlets is by no means easy, as what may be suited to one set of people may absolutely fail to appeal to some other apparently similar group. Much time has, therefore, been given by the society to the discussion of various plans. The following is an example of the programmes of the earlier meetings:

#### SUBJECTS FOR DISCUSSION

1. Should the youth of this country be educated in a knowledge of Sexual Physiology and Hygiene?
2. What should be the nature and scope of this education?
3. At what age should this instruction be given, and should it be progressive according to the age of the individual?
4. Through what agencies should this instruction be given—through parents, physicians, or teachers? Should our educational centres—high-schools, colleges, and universities—be utilized for this purpose?
5. Should the teaching of Sexual Physiology be incorporated in our textbooks of Elementary Hygiene?

In the effort to interest certain people in this great question, the society has frequently been met with the statement that disease and hygiene are concerns of the medical profession alone, and particularly when the diseases are those that are not commonly discussed. If these matters are not talked about, or written about, directly to the general public, how can we hope that a real understanding of their gravity may

some day take the place of the many misconceptions regarding them, that now occupy the mind of the average layman?

You, who have served your time in the operating-room, are familiar with the many mutilating operations that are performed upon women. The infected uterus, the tubo-ovarian abscess, skilfully removed by the gynecologist, are due in at least seventy-five per cent. of all cases to the effects of gonorrhœa. It is stated by ophthalmologists that twenty-five per cent. of all blindness is due to this disease, the germs finding entrance into the eye directly from the birth-canal of the infected mother, or by indirect infection from pus upon the hands, towels, etc.

Regarding syphilis, "the sins of the father" still appear in his offspring, although the virulency of this disease is undoubtedly less than it was one hundred or more years ago.

It may be of interest to mention an hypothesis that has been suggested by some syphilographer whose name I cannot recall, and whose writing upon the subject I have been unable to find. He suggests that the reason that syphilis is less active than it was in ancient times is due to the probability that all families have become more or less tainted with it, and have thus developed a resistance to the disease.

Among the most active forces in the work of prophylaxis in France, Tuffier mentions the collaboration of Professor Fournier, the well known syphilographer, and M. Brioux, the dramatic author. The former having done much in the cause by his writings, and the latter by his play, "*Les Avariés*," which has achieved wide recognition. "*Les Avariés*" (meaning "The Tainted") is a play in which the syphilitic taint is prominently presented. Their programme is "to tell everybody regarding the existence and danger of syphilis, and to increase the facilities for treatment." The education of the people regarding venereal matters is effected by an active propaganda. A series of conferences is established wherever men are grouped together. Thousands of pamphlets are distributed, for example, "*The League Against Syphilis*," "*The Social Danger of Syphilis*," "*For Our Sons When Eighteen Years Old*," etc.

In a paper read at the same meeting of the American Medical Association, Holton<sup>3</sup> includes a circular which is issued by the State Board of Health of Vermont, to be handed to those having venereal diseases. In it are briefly described the precautions that should be observed by one who is infected, to protect his family and other innocent persons. Some such circular should be distributed in every venereal clinic, and, I believe, in private practice also, as it is next to impossible, when many cases are seen daily, to impress upon each patient the dangers of transmitting these diseases to the innocent.



In considering the part that the trained nurse may play in spreading correct knowledge regarding these matters, when she can properly do so, it is first necessary that she be well informed upon the subject.

From what I have been able to learn, most training-schools for women do not take up the subject of venereal diseases at all, probably from the fact that these cases belong to the male nurse.

While I would not be understood as advocating practical instruction in the care of this class of cases, for women, I believe that all training-schools should include among their lectures a number upon this subject. Nor do I wish to seem to urge upon the nurse the idea that she must be an ever active missionary in this field. She should be well informed about these matters, and use her knowledge with tact and discretion when opportunity occurs.

I wish to say a word to those who may be engaged as hospital superintendents. Elsewhere in this paper the irrational attitude of the managers of hospitals towards acute venereal cases has been mentioned. Your influence, when it can be used, should certainly be exercised to correct this very wrong condition. The function of the medical man is to cure disease, however it may be acquired, and it is as surely the duty of the hospital and its staff, including its nurses, to assist in every possible direction.

Even if the venereal patient deserves no consideration on his own account, his speedy cure is a vitally important matter as a protective measure for his family and the public at large. Much could be done to overcome the unwillingness to come in contact at all with these patients, that is frequently shown by women nurses, even in the matter of feeding them, if in the lectures that I have suggested they were made to understand that these cases are no menace to the attendant, or family of the patient, if proper precautions are observed.

In closing I wish to extend to all present the invitation of the society to come to its meetings, and to join in its work if it appeals to you.

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1. Report of the Committee of Seven on the Prophylaxis of Venereal Diseases in New York City. *Medical News*, December 21, 1901.
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**THE SYSTEM EMPLOYED BY THE TRAINED NURSE  
IN THE SCHOOLS OF PHILADELPHIA**

By S. W. NEWMAYER, M.D.

Philadelphia

FREQUENT inquiries by nurses, teachers, and school authorities of other cities, as to the method of work of the school nurse in Philadelphia, allow me to welcome this opportunity to write this article on the subject. The success of such undertakings depends mainly on two things: first, on the thoroughness and practicability of the system employed, and, second, on the abilities of the persons performing the work. Medical inspection of schools, with trained nurses to supplement the work, is a distinct profession that requires physicians and trained nurses who are not only capable and conscientious in their work, but they must be charitable, gentle, patient, and sympathetic, and yet firm. They must possess tact and resourcefulness. Again, where one is brought in contact with a foreign population, success is better assured if they can understand and speak the language. While medical inspection and the work of the trained nurse are similar in all cities, the system employed in Philadelphia differs from the others in details, which gives it a practical and distinct system of medical inspection with a trained nurse.

The nurse's work is subdivided into two closely related parts, the work in the schools, and that out of school (at homes and dispensaries). The nurse is capable of attending to five schools with an average attendance of five thousand children. All new cases are first seen by the medical inspector, and then referred to the nurse, with instructions for treatment. These cases are furnished to the physician through two sources. The teachers recognize and send to him each day such cases of suspicious contagious disease, skin disease, or other ailment, that require immediate attention. Again, many cases of defective vision or hearing, adenoids or orthopedic defects, are found by the physician in his thorough individual examination of each child in the school. For each scholar requiring the attention of the nurse, the inspector fills out a card. This nurse's card contains the name and address of the scholar, the class, date, and treatment recommended. The physician and nurse visit each school daily at a stated time. These nurse's cards are left in the office of the principal, where the nurse daily receives the cards of the new cases. Each school, in a small room set aside for the purpose, has a drug closet containing the necessary supplies for treatments in school. The nurse also carries with her in a bag such drugs as she needs for home treatments.

On arriving at a school, the nurse sends first for the new cases, records their names on a daily record card, and outlines her course of

treatment. She decides whether the case requires treatment at school only, or also at home. The old cases under treatment are next sent for, separately, and returned to their class-room as soon as treated. This method causes the least confusion and loss of time to the scholar. Records are kept of the dates of treatment of each case, and the date of cure. If a child needs treatment at school, it is given a paper which is to be signed by the parent. This paper states that there is no family physician in attendance (for various reasons), they are unable to employ a physician, and desire the school doctor and nurse to take care of the case. This paper, when signed, avoids any misunderstanding on the part of the doctor, nurse, family physician, or parents. It also helps to obtain the coöperation of the parent. The methods of treatment are somewhat routine. Cases of pediculosis or uncleanness are given a circular of printed instructions on how to clean the scalp of lice or nits. These circulars are very simple in their method outlined. It advises the use of two articles found in every household, sweet oil and kerosene, and requires little expense. If the printed instructions sent home with the child have not produced the desired results, the nurse visits the home, and questions the parent as to how she followed instructions, and, if necessary, gives a personal demonstration. A constant supervision is kept by the nurse over the cleanliness of the scholars. Each day, after she has finished the important work, she goes through one or more class-rooms, observing the condition of each child. This method creates no interruption of the work of the class, as the teacher continues with her lesson, while the nurse quietly goes through the class, noting which children require attention.

Cases of defective vision are diagnosed by the medical inspector, and the list of names and addresses is furnished to the nurse. She visits their homes and impresses on the parents the necessity of immediate treatment by their physician or a dispensary. No excuse for non-treatment is accepted. If the parents are too poor to furnish the necessary glasses, and the nurse has ample proof of such condition, she devises some means of obtaining the glasses. For these cases we have a fund set aside. If possible, we ask the parents to pay a small sum—fifty cents or a dollar—towards the expense. The nurse tries in every way to prevent the case becoming a charity. Occasionally the parents pay a trifle each week until they have paid for the glasses, and in the meantime the sum is advanced from the fund. These cases require considerable persuasion and diplomacy on the part of the nurse. However, the permanent and excellent results more than repay for the energy spent. To transform a dull, stupid child who is an innocent sufferer into a bright, keen, and happy scholar is the greatest charity I can imagine.

FORM 1

Mrs. ....

Your child .....

attending..... School,  
needs medical attention, for .....

Kindly send him (her) at once to a doctor. If you cannot afford, or for any other reason, you desire him (her) to be attended by our school doctor and nurse, sign your name below, and return this paper, to school.

Medical Inspector.

To Mr. ....

Principal of School.

Dear Sir:

I desire that my child be attended by the doctor and nurse, of the school.

Signed, .....

(Printed Also in Jewish.)

FORM 2

## RECOMMENDED FOR TREATMENT

SCHOOL ..... SECTION .....

NAME .....

ADDRESS .....

CAUSE .....

DATE OF RECOMMENDATION .....

REFERRED TO { PHYSICIAN  
DISPENSARY } OR NURSE  
HOSPITAL

RESULT .....

Dr. S. W. NEWMAYER,  
MEDICAL INSPECTOR

FORM 3

SCHOOL	Name	Age	CLASS NO. Residence
--------	------	-----	------------------------

Date 1st Visit \_\_\_\_\_  
 Condition of Child \_\_\_\_\_  
 Treatment \_\_\_\_\_

Date 2nd Visit \_\_\_\_\_  
 Condition of Child \_\_\_\_\_  
 Treatment \_\_\_\_\_

District Nurse

Date 3d Visit \_\_\_\_\_  
 Condition of Child \_\_\_\_\_  
 Treatment \_\_\_\_\_

Date 4th Visit \_\_\_\_\_  
 Condition of Child \_\_\_\_\_  
 Treatment \_\_\_\_\_

Date 5th Visit \_\_\_\_\_  
 Condition of Child \_\_\_\_\_  
 Treatment \_\_\_\_\_

Case Dismissed \_\_\_\_\_ Cured \_\_\_\_\_ Improved \_\_\_\_\_  
 Unimproved \_\_\_\_\_ Dead \_\_\_\_\_

FORM 4

GRADE CLASS	SCHOOL SECTION	LOCATED
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NAME	DISEASE	DATES OF TREATMENT	Total No. of Treatment	DATE OF CURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

NURSE



A. A. CAIRNS, M. D.,

FORM 6

CHIEF MEDICAL INSPECTOR.

Dear Sir:—

The following is a weekly report of Nurse of Schools of Fourth Section.

WEEK ENDING	DISEASES FOR WHICH PUPILS ARE TREATED																	
Date	Schools Visited	Old Cases	New Cases	Cured	Visit to Homes	Taken to Dispensary	Pediculosis	Ac. Conjunctivitis	Scabies	Ringworm	Impetigo	Furuncles	Eczema	Post. Herpetic	Inf. Wounds	Robert Vision	Unidentified	TOTALS
					Old	New	Old	New		T.	C.							
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Totals																		
Total number of cases cured																		

FORM 6

## CASES TREATED AT HOMES

Date	Name	Address	Disease

## CASES TAKEN TO DISPENSARY

Date	Name	Disease

Cases of ringworm are dressed with carbolated collodion, and impetigo is treated with an antiseptic and healing ointment. These cases can then be kept at school without any danger of infecting classmates. Acute conjunctivitis is treated with a solution of boric acid and biborate of soda; also a silver preparation, such as argyrol, is sometimes used. Bad cases are sometimes treated with a weak ointment of the yellow oxide of mercury.

Pustular dermatitis of the scalp is readily gotten under control by cleansing with tincture of green soap and applying an antiseptic ointment.

Printed instructions of treatment, and recommendations to the parents, are also printed in Jewish for parents who are unable to read English. These circulars in foreign languages are very valuable in sections of the city populated by the foreigners.

Home visits, and the taking of cases to the dispensaries, are an important phase of the work, as they include those cases which are very bad, or which would for various reasons receive no attention from the parents. By the nurse's attention and influence at a home, a child receives the immediate treatment from the family physician or is taken to a dispensary. Occasionally a parent, for some good reason, cannot take a child to a dispensary. Here the nurse solves the problem by taking the child for necessary treatment after school hours. These visits at the homes not only accomplish their immediate object, but oft-times succeed in causing radical changes in the homes as to the manner of living. It is astonishing how the nurse wins the confidence and respect of the parents. To explain the recommendations in each case, and how the nurse accomplishes results, would take more than a short paper. This can best be illustrated by taking examples of a few recent cases. In those cases of girls with long, flowing hair and unclean scalps, where repeated washings have made little impression on the case, the parent is appealed to to have the hair cut short. This ends the trouble.

In one of the schools the medical inspector found a boy with cleft palate and harelip. An incoherent speech, a snuffling noise, and a dribbling of saliva made the poor boy a burden to himself, and a disgusting sight to his classmates. The nurse visited the child's home repeatedly, and urged the parents to have the child operated on. The nurse took the boy to a dispensary, and received the promise of the best available services for an operation. Repeated visits, firmness, perseverance, and considerable tact won for her the consent of the parents to this necessary operation.

A girl of twelve years, in the second grade, on examination, proved

to be deaf, and with speech so defective as to make her almost dumb. The nurse was instructed to take the child to a clinic where she could have the services and advice of a specialist. There was found a large bony growth in the back of the nose. This tumor so obstructed the nose and the passage to the ear as to account for the absence of hearing and the defective speech. Here again the work the nurse accomplished gained the parent's consent to an operation. The results obtained in two such cases alone are worth the salary of a nurse for a year.

As this paper deals with the method of work of the nurse, I shall not go into the results obtained. A thorough card index system permits the systematic following of each case to a cure. The use of these cards can be best understood by glancing at the accompanying cuts of some of the printed cards and circulars used in our city. The results obtained, with little friction among the doctor, nurse, the parent, and school teachers, are the best evidence of the success of our system. In conclusion, I desire to extend my appreciation of the services of Miss Anna L. Stanley, the trained nurse loaned by the "Visiting Nurse Society," who has worked energetically from the beginning, and brought the work to its present standard.

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## PREPARATION FOR AN OPERATION IN THE COUNTRY

BY ESTELLA B. CRAWFORD

Graduate of the Illinois Training-School for Nurses

THE first operation in which I assisted in the country was an appendectomy, done under serious disadvantages to the surgeon, but resulting favorably.

The lightest room in this very small country house was the dining-room, fortunately situated next to the kitchen, and heated with a large, base-burner stove. The furniture was all removed, the wall wiped down, and the floor and window—there was only one—scrubbed. The lower glass of the window was smeared with sapolio, for use instead of a curtain. An operating-board, the shape of an ironing-board, only broader, had been a thought of the doctor when first undertaking this work in homes. This was usually placed on the backs of two straight chairs, but the chairs in this house not being high enough, two barrels from the store-room were substituted. The operating-board was made comfortable for the patient by a thick old comforter, protected by a rubber sheet, and with a clean white sheet pinned securely around. It not being necessary to place the patient in the lithotomy or Trendelenburg's position, no substitutes for the modern operating-table were neces-

sary. These have been described in a former article on this subject, appearing about two years ago in the *JOURNAL*.

The dining-table served for an instrument and hand solution table for the surgeon, also for the extra supply of sterile goods and the large supply basin. A low wooden bench, used for wash-tubs, held the four hand solution basins.

The absence of plumbing in the house was a great inconvenience. Wash-bowls, soap, and scrubbing-brushes were on a wash-stand. Bringing fresh water and refilling the wash-basins were an added duty for the nurse. The instrument table, wash-bench, wash-stand, a small table for the anæsthetist's articles, and a table holding pitchers of hot and cold sterile water and normal salt solution, were the necessary articles of furniture in the room. Sheets were not plentiful in this home, and clean newspapers were used for table covers. The articles provided by the surgeon consisted of the following list: six basins, two pitchers, one laparotomy sheet, one dozen towels, two doctor's gowns, one large pan for boiling instruments, six yards of gauze. The gauze was made into sponges, four packages of three dozen each; eighteen laparotomy pads, and an abdominal pad, consisting of a layer of absorbent cotton between two pieces of gauze, large enough to cover the wound thoroughly. These were pinned in pieces of old cloth and sterilized in the following manner: The family wash boiler was scrubbed with sapolio until it was clean, and filled half full of water. A stout piece of cloth was stretched across lengthwise, loosely, and tied at each handle. The water was allowed to reach the boiling point, and the articles were placed in this, with the cover fitted down tight, and left in one hour. This method of sterilization has been described frequently, and is familiar to all nurses. The trouble lies in the drying of the heavy things, such as sheets and packages of towels. When placed in the oven, the heat should be only moderate.

The basins, pitchers, and water were all sterilized in the same boiler; also a large dipper. The water was boiled the night before the operation for cold sterile water, and this had to be filtered through absorbent cotton into the basins and pitchers, before using. The hot sterile water was kept in two tea-kettles on the stove. The carbolic acid and alcohol used for preparing the knives were in two clean dishes from the pantry.

Fortunately, the majority of doctors operating in the country bring the instruments, sutures, and gauze already sterilized, thus lightening the work of the nurse. When all the sterilizing has to be done, it is an impossibility to prepare thoroughly for a major operation in a shorter time than two days, without running risks.

## THE STRIKING STORKS

THE storks went on a strike one day  
For shorter hours or bigger pay,  
Maintaining that it wasn't right  
That they should work both day and night.  
"Besides," they said, "the crop this year  
Is very much too large, we hear.  
We'll hold all babies now in sight,  
And make a corner, good and tight."

At first the world was rather glad.  
It slept at night, which wasn't bad.  
It used no anti-colic pills,  
And saved a lot on doctor's bills.  
The nursing bottle companies failed,  
Perambulator dealers railed,  
The milkmen ceased to Pasteurize,  
And Christmas trees grew quite a size.

But, having had things all its way,  
The world got tired of too much play.  
It missed the shoes with battered toes,  
It missed the little frilly clothes,  
It longed for drums and horns and dolls,  
For pencil scratches on the walls;  
It wanted babies, good or bad—  
In short, the world was baby-mad.

And so one day, in Babyland,  
With hollow stumps on every hand,  
The striking storks, no longer tired,  
Perceived that mischief had transpired.  
A doctor, large and fat and round,  
His satchel open on the ground,  
Was stealing babies, black and white,  
From all the stumps, with all his might.

The storks had no redress, they knew,  
For "scabs" were plenty, storks were few;  
And so, from being in arrears,  
The census boomed the next few years.

MARY ROBERTS RINEHART



## THE CARE OF THE HELPLESS

By ALICE C. BEATLE

Graduate of Illinois Training-School

MUCH has been said about a nurse's responsibilities as regards her legal obligations, and her duty to the public, to charitable organizations, to other nurses, to the physician, to her patients in general, and to their family and friends; but I wish to speak in this paper of her duty to a certain class of patients, a class where her responsibilities are greatly increased because of the very nature of their afflictions.

The word "helpless" appeals to every one of us as perhaps does no other word in the English language, and when applied to patients, it should appeal with greater force to nurses than to any one else, for no one so fully understands its meaning as they.

There is no nurse worthy the name who would not turn in horror from the thought of neglecting a baby, and yet, possibly, there are some who do not realize that the same loving care and thoughtful attention given to one of these little ones should be given to a helpless or delirious patient; yes, it requires even greater care and thought on the part of the nurse.

I call to mind an incident of a patient, a farmer's wife, who was afflicted with melancholia attonita, being brought to a county institution. She had been in that condition for three years, and had not spoken a word during that time, having had to be fed and cared for as a helpless child. The woman was a pitiful sight, sitting in her chair all day, her head falling forward on her chest; for the muscles of the neck having been in that position so long, it was impossible to bring the head to an upright position. The mouth was hanging open and the saliva dropping on her gown. A repulsive sight, you will say, and so it was. Yet the kindly woman under whose care she was placed saw possibilities there. The dull, faded gown was replaced by a bright, attractive one, and flowers freshly picked were placed in her lap or pinned to her gown. She was always given the same bright, cheery "Good morning" as were the other patients. The food was prepared nicely and served in an attractive style, the nurse talking in an easy, pleasant manner of things which would interest a farmer's wife, and trying to induce the patient to help herself. I will go no more into detail; suffice it to say that after months of patient, kindly attention the nurse was rewarded by being greeted one morning with a smile, later on by queer sounds which, after patient labor, became well articulated words. So, after months of such

care, this patient was able to talk, to walk about, to care for herself, and became a useful member of that little community known as the "county poor farm."

We will not often meet with such extreme cases, but I give it here, hoping some one will be helped as I was by this lesson of thoughtful, unselfish care given this unfortunate one.

Just as a baby will feel and know the difference in a fussy, nervous nurse who think babies a "nuisance," and one who handles them gently and lovingly, so a delirious patient will be soothed and comforted by a nurse with a quiet, easy manner.

There are an infinite number of little things a nurse must think of and do that would be asked for by a rational patient. All these little unnamed attentions add greatly to their comfort and their possible recovery. Though they are never able to thank us,

"These little things take little wings  
And find their way to heaven."

With no other class of patients must a nurse so fully put herself in their places and think for them.

It is a source of great pleasure to care for patients who appreciate our every effort, and who tell us of the comfort we have been to them; it helps to lighten the burdens which are so heavy at times; and yet the true nurse will be none the less attentive to her patient though she realizes that all her work will go unnoticed and no words of cheer will come to her.

I wonder if with these helpless ones we are just as particular in every detail as though they were fully conscious. Is the room tidy, are the flowers fresh, is the bed free from wrinkles, are the eyes protected from the light, is the body perfectly clean and in a comfortable position, is the food tasty and served daintily, are our voices always pleasant and our manner gentle?

Even though the body is helpless, the intellect dull or obscure, and our work seemingly in vain, our interest must never flag, nor our thoughtful, kindly endeavor to heal cease. For "inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me."

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Intelligence and Courtesy not always are combined;  
Often in a wooden house a golden room we find.

SEVENTEENTH CENTURY.

## THE TUBERCULOSIS SITUATION IN DENVER, COLORADO

By LOUIE CROFT BOYD

Graduate Colorado Training-School, Denver, Colorado; Secretary  
Nurse Board of Examiners

DR. PRYOR has truly said: "We must care for the consumptive in the right place, in the right way, and at the right time, until he is cured, instead of as now, in the wrong place, in the wrong way, and at the wrong time, until he is dead." In this day of agitation and proposed legislation for the good of persons, the problem of the "white plague" should and does hold no mean place. This is a problem for the cities to solve, for there we see it in its worst aspect: crowded conditions and unsanitary dwelling-places, which are frequently not relieved because of negligence on the part of those to whom the city's health is intrusted. All who study this problem will agree with Robert Hunter when he says: "It is the duty of society to care for the victims of this disease, because society alone, through its Board of Health and governmental agencies, can disinfect tenements, can compel notification of diseases, can confiscate sweat-shop garments, and can remove centres of infection by powers which it alone has." That society is recognizing its duty and rising to the occasion is evidenced by the sanitary measures instituted and enforced in the large cities, and agitated in many of the smaller ones.

According to the last annual report issued by the Department of Health of the city of Denver, five hundred and sixty persons died from tuberculosis, thirty-three of whom contracted the disease in the state of Colorado. The Health Commissioner of Denver has stated that probably forty per cent. of the sick in the city are suffering from tuberculosis, usually of the lungs, and that the great majority of these sufferers are immigrants.

From fifteen to twenty-eight per cent. of the patients treated at the office of the County Physician are tubercular (the majority being in the last stage of the disease), and show a residence in the state of from one to four months.

The Free Dispensary connected with the Denver-Gross Medical College cares for, on an average, from twenty-five to thirty-three and a third per cent. of tubercular patients, many of whom are running a temperature, and have been residents of the state for less than a year. Fully ninety per cent. of the cases treated at the Central Dispensary are tubercular.

To treat this vast army of sufferers which other sections of the country are pouring into Colorado, there are various sanitariums situated in Denver and adjacent districts. The Department of Health coöperates with the Visiting Nurse Association in fighting tuberculosis, and expectoration in public places is prohibited by law.

Patients suffering from tuberculosis in all stages are admitted to the County Hospital, though, owing to lack of room, they are not desired.

The County Farm, situated near Brighton, has not been utilized yet, though the question is being agitated.

The National Jewish Hospital is open to patients in the incipient stage, who are unable to pay for their care. Though supported by the Jews of the country, no distinction is made as to nationality or creed. Examination papers are filled out by physicians located in different cities throughout the country where the prospective patient resides.

According to the last yearly report, 225 patients were cared for during that year. Of this number, 141 were discharged. Over nineteen per cent. recovered; fifty-two and a half per cent. improved; slightly over twenty-eight per cent. failed to show any improvement, and three were readmitted. No deaths occurred. The average length of time that these patients remained in the hospital was six and a half months each. None but trained nurses care for the patients, and the diet is liberal, milk and eggs having a prominent place on the menu. Paper sputum cups are used, which are gathered and burned twice daily; the rooms are fumigated with formaldehyde, and all soiled linen, as well as the patients' clothing, is sterilized. Though the wards are roomy and airy, some of the patients sleep out of doors. The cornerstone of the new Woman's Pavilion was laid July 22, 1906.

The Evangelical-Lutheran Sanitarium is a farm situated at Edgewater, a suburb of Denver. The majority of the patients live in tents. Between thirty and thirty-five patients have been cared for during the year. The patient applies personally to the Board of Directors, and is examined by the physician on the Board. Patients in all stages of the disease are admitted, and if too poor to pay, the synod of the place where he comes from bears the expense of his care. The regular charges are twenty-five dollars a month, and thirty dollars if it is necessary to give much personal attention. Despite the fact that patients in advanced stages are admitted, and that there were seven deaths during the past year, about fifty per cent. were discharged to go to work, and fully sixty per cent. of those remaining showed improvement. An experienced nurse is employed, and, when necessary, graduate nurses are

called. The diet is generous, and rest enforced as the needs of the patient demand. Paper sputum cups are used, which are burned; the tents are fumigated with formaldehyde, and all soiled linen is sterilized.

The Jewish Consumptives' Relief Society Sanitarium has commenced its second year. This institution is unique in that it derives its support from the great mass of the working people. It is situated about a mile from the west end of the Larimer Street car-line, and accommodates fifty patients, who are admitted through the Denver office. Like the Lutheran Sanitarium, patients in all stages of the disease are admitted, and the time for remaining is indefinite. Of the ninety-seven patients admitted during the last year, fifty-two improved, twenty-nine did not improve, in ten cases the disease was arrested, and six died. There is no charge for treatment, and one experienced nurse looks after the welfare of the patients. The diet is liberal, and each patient is required to rest for one hour after each meal. Paper sputum cups are used and burned, and formaldehyde is used for fumigating.

Fully one-half of the work of the Visiting Nurse Association is among tubercular patients. The association has established the card system of registration for each case, similar to that used by the Chicago Visiting Nurse Association, and the nurses give instruction on diet, sanitation, and the disposal of the sputum, and after death or removal fumigate the infected quarters. A pin map of the city has lately been made, which shows the location of each case registered with the association.

About two miles from the edge of the town, the Young Men's Christian Association has established a farm for the care of tubercular patients in the incipient stage of the disease. The farm can accommodate about fifty patients, and admission is gained through the Young Men's Christian Association of Denver. Each patient is charged twenty-five dollars a month for his care, and an indefinite time allowed, provided there is improvement. The diet is as usual, plain but liberal, with plenty of milk and eggs. Paper sputum cups are used and burned, the tents are fumigated with formaldehyde, and the clothes and bedding are sterilized. The report for the year just closed states that fifty-three per cent. of the patients showed improvement, and thirty-seven per cent. are now earning their living. Those who are able to work—and many of the duties of the farm are done by the patients—are paid for their services, so that during the first year of its existence three hundred dollars was returned to the boys for services rendered, while at the end of the second year fifteen hundred dollars had been paid out for the same purpose. Lately, a pavilion has been erected for those temporarily confined to their beds. There is a resident physician, and the



camp, which is incorporated as a town, is managed by the boys according to city government form.

The Agnes Memorial Sanitarium, which is located at Montclair, a suburb of Denver, accommodates one hundred and fifty patients, and application for admission is made to the medical director at the institution. The time allowed for improvement is usually six months, though some patients are kept for a longer period, and those are admitted who are in the incipient and middle stages of the disease. The charges are from seven dollars a week up, which includes nursing care, food, and medical attention.

Medicines are furnished at cost. The diet is liberal, and rest is enforced, especially before each meal. Paper sputum cups are used, which are gathered twice daily and burned, the holders being sterilized by boiling. Formaldehyde is used for fumigating the rooms, and steam and hot air for the bedding and clothes, while all dishes are boiled after use. There are three forms of outdoor treatment used: tent, porch, and lean-to, the last being a shed-like building facing the south. Approximately, fifty per cent. of the cases admitted have improved, and seventy-four per cent. been cured.

The Oakes' Home and Adams Memorial, the former housing one hundred and ten and the latter forty-three patients, are each in the nature of a home, with a nurse on duty in each place. In Heartsease, the infirmary of the Oakes' Home, nurses are on duty all the time. No records are kept by the management of the patients or their condition and improvement. Patients in all stages of the disease are admitted, and the diet is liberal. Porcelain spittoons which contain a solution of bichloride of mercury are in use and these are emptied and washed twice daily. Each room is fumigated and cleaned after a patient leaves, and all bedding and linen is sterilized by steam. At the Oakes' Home, patients pay about twenty-five dollars a week in the infirmary, and from forty-five dollars a month up in the Home. The Adams Memorial charges each patient twenty-five dollars a month.

This, in brief, is a summary of the tuberculosis situation in Denver, and what the city is doing to meet the exigencies of the work. Besides these already mentioned, there are many small private sanitariums for the care of these cases. Owing to the fact that it is, as yet, not compulsory to report these cases to the Department of Health, accurate statements are impossible, and statistics are more or less vague, but as "he who runs may read" it is obvious that a vast army of sufferers from all sections of the world are continually pouring into Colorado, making the problem a growing one, which the future will be obliged to grapple with, sooner or later.

## WHAT COÖPERATION HAS DONE FOR WOMEN\*

By MRS. HELEN AVERY ROBINSON

President of the Woman's Club, Louisville, Kentucky

ONE of the honors that have come to me as presiding officer of the Woman's Club is this of addressing you to-day, and I realize my twofold pleasure and duty both as regards my own organization and yours.

The logical reason for my speaking is that I shall tell you who are making an effort toward state organization and legislation what coöperation has done for us.

It has done everything. It is our mainstay, and the basic principle from which all our splendid results are gained. It has bound us strongly together, and, as a club, we have coöperated with other clubs to form our State Federation, and again with other state organizations to form the General Federation of Women's Clubs, which to-day numbers eight hundred thousand women. Without coöperation, these would be an incoherent mass of individuals; with organization and coöperation, it is an august body which is one of the most potent influences for good or ill in the social and political life of the nation.

Think what that means—eight hundred thousand good women uniting in efforts to further reform and improvement in their many communities.

I cannot conceive that this influence should ever be other than good, for I believe what one speaker at the Biennial said, that "American women are the conservators of the intellectual and ethical life and culture of this country, and their clubs are a national crown of glory. They have been receptive for generations, and are now equipped for active service. The best aspirations of the times have become a part of their intellectual and moral fibre. They are the vestals of the temple of liberty, and their ability to elevate the standard of citizenship and life is beyond the possibility of measurement."

At the Biennial meetings of the Federation, one realizes what coöperation means in large ways.

The movement against child labor originated in our Federation in 1897, and grew until, in 1904, the present Standard Child Labor Law was framed and presented by a committee of which Miss Jane Addams was chairman. The women are still working, but have turned the body of the work over to the National Child Labor Committee, whose secre-

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\* Address at the organization of the Kentucky State Association of Graduate Nurses.

tary, Mr. Samuel McCune Lindsay, says that this law gives the most progressive platform for child labor agitation that has been presented in this country.

All this has been done by coöperation, and if you had heard one man after another representing Pure Food, Forestry, Free Art, Saving Niagara, and many other worthy bills before Congress, urge the influence of the Federation in these matters, you would realize how great coöperation for worthy aims has made that influence.

In our own Woman's Club, we, in our early days, did splendid work in connection with our Charity Organization in emergencies here in Louisville. This developed among us the idea of the Emergency Association, which is composed of all important women's organizations in the city, and is the means, in times of public emergency, of giving aid whenever needed without loss of time, and reaches over four hundred women for this work.

We established play-grounds for children in the congested districts, and later turned this work over to the Citizens' League.

We launched the Consumers' League work in the state, inaugurated the Public Bath movement, and much more which I shall not enumerate.

I have told you this so that you may realize some of the good results of coöperation in our club, which could not so easily have come without this pressure and impulse.

Again, many helpful ideas are born that would perhaps never have been expressed nor have been possible of concrete result without coöperation.

Lack of coöperation and organization is like a blow dealt with the open palm, which amounts to little compared to that dealt by the hand coördinated into a fist. In using this illustration, however, I do not advocate aggression. It is not the best method for women's work, though occasionally it must be resorted to; but I do urge you to associate yourselves together in one organization, and that your aim shall be the good of the whole.

Remember that difference of opinion in such bodies should be the means of developing splendid discussions by which you will grow and develop and your scope enlarge.

If it is wise and helpful for physicians and professional men to coöperate for mutual benefits and legal protection, it is wise for you nurses to do the same thing. You need to protect your own interests, and in doing this you protect those of the community, which turns with reliance to its nurses, as to its physicians. Its sense of security in you will be increased if the State protects your rights as graduate

and trained nurses against those who can now so easily claim the same position without the same training. If you form yourselves into an association, your position will be dignified and secure. You will all agree with me that it is not enough for us as individuals to work for our individual welfare.

So I urge you to associate yourselves into clubs, no matter how small, in every town where there are two, three, or more of you; then let these clubs federate. Discuss and decide just what you want to ask of the legislature, and have some lawyer friend help you formulate your bill, so that there may be no mistakes or confusion of ideas. You will be sure ultimately to get what you earnestly and worthily ask, and you will be amazed and encouraged to find how your horizon will widen and your possibilities as an organization increase. Seize your opportunity now. Opportunities are gifts from heaven, and we should not lose one.

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#### FORMALDEHYDE AS A DISINFECTANT

THERE is one important point in room disinfection which is not generally considered even by those with knowledge, and that is that fumigation with a gas like formaldehyde does not cease its good work when the room is again occupied. It is absorbed to a certain extent by most surfaces, especially clothing, paper, and varnishes, and so continues to act upon germs already there and such as may come later for some time. It is well established that a weak disinfectant acting for a long time is frequently as effective as a strong one acting a short time. The presence of formaldehyde has been found on the surface of walls for weeks after they have been exposed to it. Hence the failure of substances to be sterilized at once is no proof of lack of action of a disinfectant in a room. In the same line the writer has seen most remarkable results follow the occasional use of weak solutions of formaldehyde on the floors of schoolhouses—solutions so weak that they gave no disagreeable odor. Infectious colds and other dust-borne diseases were much lessened among the scholars. We believe that the occasional use of such solutions on floors and surfaces in dwelling houses as well as public buildings would do a great deal towards improving public health.—*Bulletin N. C. Board of Health.*

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"I HAVE but one lamp by which my feet are guided, and that is the lamp of experience. I know no way of judging of the future but by the past."—*Patrick Henry.*

**DISPENSARY WORK**

BY ANNIE O'CONNOR

Pupil Nurse, New England Hospital, Boston, Mass.

AMONG the different nationalities one finds in dispensary visiting work are various grades of people, all with ideas and ways of their own, the majority living on the fourth or fifth floor, reached through narrow and dark halls and stairways.

Many families are too poor to provide the necessary nourishment for the sick one, so the doctor gives a diet order to the kitchen, good for ten days for milk or eggs each day as the case requires. Sometimes the members of the family are so huddled together that one must look round again and again for a place to put her bag, regardless of dirt. More often than otherwise, there are four or five little ones with dirty faces watching the stranger with the bag, and wondering what she is going to do, while father and mother are ready to answer questions and give what assistance they are able.

Some are clean and have a clear table, a fire, and hot water; others are quite at sea as to what one wants or is likely to need, so they simply look on and allow the nurse to search for things in a closet or corner, or perhaps send out to this neighbor or try another, until the needed article is obtained.

One of my first days began at 3.30 A.M., with a call to a mother of eight children, in labor. The husband, who had come to the dispensary, hurried ahead, saying he would have a light in the hallway. Occasionally in the darkness of the morning, we would get a glimpse of him, but could not see the numbers, until finally we remembered the light, and, seeing a dim one, found the door open and climbed the stairs. A young woman of about twenty-six sat in the kitchen. She was very untidy looking, the table was dirty and covered with dirty dishes, the chairs were full of clothes, and a crib with a child asleep in it was at one side. Still with our bags in our hands, we asked to see the patient. In an adjoining room, dimly lighted, was a large bed with the patient in labor, sitting up trying to put a baby to sleep. In a single bed were four children, two at the head and two at the foot, while a cot behind the door gave evidence of recent occupancy. A bureau, chairs, and mantelpiece, each packed with articles and clothes, filled the room, and there was no window open. Our bags were opened on the floor, and the necessary things removed, as we cleared the kitchen table and improvised a screen with two chairs and a sheet, to protect the mother's bed. As six o'clock



drew near the little ones began to peep up, one by one, and were carried to the kitchen, to be watched by the oldest one, a child of ten years. Shortly afterward a baby boy of eight pounds arrived, and soon the doctor and I were on our way to the dispensary, to resume our work at the clinics.

On calling the next day, I found, to my amazement, that the babe's chin and cheeks were skinned and raw from rough cloths and improper care. Several visits were needed to teach this mother how properly to care for her little one, and, with clean, soft linen instead of rough cloth, the face was soon healed.

The next call proved to be a pneumonia patient, in a remote district. The little one was very ill, having one convulsion after another. The mother could not speak English, and the father was away, so I had no one from whom to gain information. Very quickly I understood the case. One room was the home; here were stove, bed, chairs, boxes, and neighbors, occupying all available space. The mother's face was pathetic, as with tired, distracted expression, she watched me put her loved one in a cold pack. To her this was cruel, but her faith in the women doctors gained the day, and soon the wee one showed some signs of recognition and took its food. Anxious days and nights were spent over the unconscious babe, while the weary mother also had to be cared for by the nurse, who urged her to rest, and kept the tired eyes covered with cool compresses until she slept. Two days later happiness reigned where all had been anxiety.

Next day, when preparing supplies, word came that I return to the hospital, as my successor would join me presently. While answering questions and explaining things, an emergency call came. Both doctors were absent, so, selecting an emergency bag, my sister nurse hurried off with the messenger, while I attempted to reach the physicians, and then followed. We were none too soon, for our patient was having a hæmorrhage, and all our wits and skill were needed to work to advantage. Elevating the foot of the bed and opening a window, so easily done as a rule, were here difficult tasks, as the bed seemed fitted to the wall, and the windows were evidently little opened. How we worked, all the while watching the face and pulse of our patient and looking for the doctor! At last, when we felt the responsibility must fall on our shoulders and seconds seemed hours, the work was done, and slowly but surely our patient began to improve. We both felt that our training had not been in vain, and I, sorry that my days at Pope Dispensary were over.

**NORTH CAROLINA BILL**

Became a law March 2, 1903

1. *The General Assembly of North Carolina do enact:*

That any nurse who may present to the Clerk of the Superior Court of any county in the State, on or before December 31, 1903, a diploma from a reputable training-school for nurses conducted in connection with a general hospital, public or private, in which medical, surgical, and obstetrical cases are treated, or in connection with one of the three State hospitals for the insane, or who shall exhibit a certificate of attendance upon such training-school for a period of not less than two years, or who shall present a certificate signed by three registered physicians stating that she or he has pursued as a business the vocation of a trained nurse for a period of not less than two years and is in their judgment competent to practise the same, shall be entitled to registration without examination, and shall be registered by the Clerk of the court in the manner hereinafter provided.

2. That on and after January 1, 1904, registration as a trained nurse shall be made by the Clerk of the court solely upon the presentation to him of a license from the State Board of Examiners of nurses as created and provided by this act.

3. That there shall be established a Board of Examiners of nurses composed of five members, two physicians and three registered nurses, to be elected by the Medical Society of the State of North Carolina and the North Carolina State Nurses' Association respectively, to be known by the title of "The Board of Examiners of Trained Nurses of North Carolina." Their term of office shall be three years.

Three members, one of whom shall be a physician, shall constitute a quorum, and the majority of those present shall have a deciding vote. They shall each receive as compensation for his or her services when engaged in the work of the board four dollars a day and actual travelling and hotel expenses, the same to be paid out of money received for licenses issued, and in no case to be charged upon the Treasury of the State.

4. That the said Board of Examiners is authorized to elect such officers and frame such by-laws as may be necessary, and upon the occurrence of a vacancy is empowered to fill such vacancy for the unexpired term.

5. That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meeting it shall be their duty to examine all applicants for license as registered nurse, of good moral character, in the elements of anatomy and physiology, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and if on such examination they be found competent, to grant each applicant a license authorizing her or him to register as hereinafter provided, and to use the title "Registered Nurse," signified by the letters "R.N." The said Board of Examiners may in its discretion issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Such applicant before receiving license shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.

6. That the Clerk of the Superior Court of any county, upon presentation to him of a license from the said Board of Examiners, shall register the date of registration with the name and residence of the holder thereof in a book to be kept in his office for this purpose and marked "Register of Trained Nurses," and shall issue to the applicant a certificate of such registration under the seal of the Superior

Court of the county upon the form furnished him as hereinafter provided, for which registration he shall be paid fifty cents by the applicant.

7. That it shall be the duty of the North Carolina State Nurses' Association to prescribe a proper form of the certificate required by this act, and to furnish the same in sufficient quantity suitably bound in a book and labelled "Register of Trained Nurses" to the Clerk of the court of each county in the State.

8. The said Board of Examiners shall have power after twenty-days' notice of the charges preferred and the time and place of meeting, and after a full and fair hearing on the same, by a majority vote of the whole board, to revoke any license issued by them for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing. Upon the revocation of a license or certificate, the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of the board, and upon notification of such action by said secretary by the Clerk of the court from his register.

9. That any person procuring license under this act by false representation, or who shall refuse to surrender a license which has been revoked in the manner prescribed in Section 8, or who shall use the title "Registered Nurse" or "R.N." without first having obtained license to do so, shall be guilty of a misdemeanor, and upon conviction shall be fined not more than fifty dollars or imprisonment not exceeding thirty days.

10. That nothing in this act shall in any manner whatever curtail or abridge the right and privilege of any person to pursue the vocation of a nurse, whether trained or untrained, registered or not registered.

11. That this act shall be in force from and after its ratification.

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## NEW JERSEY BILL

Became a law April 7, 1903

1. Any graduate nurse desiring to practise the profession of a trained nurse must first obtain a license from the Clerk of the county in which such applicant resides, and the Clerk thereof is hereby authorized to issue such license, provided said applicant shall present to him a diploma awarded by a training-school connected with a hospital of this State where at least two-years' practical and theoretical training is required before its students are graduated as trained nurses; if the said diploma does not show the term required by the training-school awarding the same, then the applicant must file with the County Clerk an affidavit made by the secretary of said training-school, or the president of the faculty thereof, setting forth the term of practical and theoretical training required by said training-school of its students before they are graduated as trained nurses.

2. Any person heretofore awarded a diploma of a graduate nurse by training-schools of this State other than those mentioned in the preceding section may apply to the Clerk of the county in which such applicant resides for the license provided by this act, and such clerk is hereby authorized to issue same if the person making such application was awarded such diploma upon the completion of at least two years' practical and theoretical training in nursing.

3. Any graduate nurse holding a diploma of a trained nurse awarded by a training-school of another State may obtain a license to practise such profession

in this State provided the training-school awarding such diploma shall require the same qualifications of its graduate nurses as are provided for applicants of this State; if the diploma of said non-resident applicant does not show the course of training required by the training-school awarding the same, then the applicant shall file an affidavit of the secretary of the hospital connected with said training-school or the president thereof, setting forth the requirements of said training-school before diplomas are awarded to its students; graduate nurses residing out of the State and seeking the license herein provided may apply to the Clerk of any county in this State upon being identified by a resident thereof.

4. Before any license shall be issued to an applicant under the provisions of this act, a fee of fifty cents shall be paid to the Clerk issuing the same.

5. The said license shall be in form as follows:

"STATE OF NEW JERSEY, } ss.  
County of

"To whom it may concern, greeting:

"This is to certify that.....(giving place of residence) is authorized to practise the profession of a graduate nurse in the State of New Jersey in accordance with the laws thereof.

"In witness whereof I have hereto attached my name and official seal this ..... day of ..... Anno Domini one thousand nine hundred and .....

[SEAL]

"Clerk of the County....."

6. Any person violating any of the provisions of this act shall for every offence forfeit and pay the sum of fifty dollars, to be used for and recovered by the Prosecutor of the Pleas for the use of the county in which such offence is committed. Provided, however, that this act shall not apply to graduate nurses, residents of a foreign State, who shall have at least two-years' practical and theoretical training, or have graduated from a training-school connected with a public hospital, who shall visit this State as a companion or nurse for a non-resident of this State sojourning within the State, or who shall be called in a case by any resident physician of this state. Provided, also, that nothing in this act shall be held or construed as preventing or in any way interfering with any person or persons practising the profession or business of nurses or nursing without obtaining a license for that purpose if they do not advertise or hold themselves out as a graduate nurse.

## NEW YORK BILL

Became a law April 27, 1903

206. *Who may Practice as Registered Nurses.*—Any resident of the State of New York, being over the age of twenty-one years and of good moral character, holding a diploma from a training-school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practise as a registered nurse, shall be styled and known as a registered nurse,



and no other person shall assume such title, or use the abbreviation "R.N." or any other words, letters, or figures to indicate that the person using the same is such a registered nurse. Before beginning to practise nursing every such registered nurse shall cause such certificate to be recorded in the County Clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county. In the month of January, nineteen hundred and six, and in every thirty-sixth month thereafter, every registered nurse shall again cause his or her certificate to be recorded in the said County Clerk's office, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such re-registration. Nothing contained in this act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease in violation of article eight of this chapter.

**207. Board of Examiners; Examination; Fees.**—Upon the taking effect of this act the New York State Nurses' Association shall nominate for examiners ten of their members who have had not less than five years' experience in their profession, and at each annual meeting of said association thereafter two other candidates. The Regents of the University of the State of New York shall appoint a board of five examiners from such list. One member of said board shall be appointed for one year, one for two years, one for three years, one for four years, and one for five years. Upon the expiration of the term of office of any examiner the said Regents shall likewise fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner caused by death, resignation, or otherwise shall be filled by the Regents in the same manner as an original appointment is made. The said Regents, with the advice of the Board of Examiners above provided for, shall make rules for the examination of nurses applying for certification under this act, and shall charge for examination and for certification a fee of five dollars to meet the actual expenses, and shall report annually their receipts and expenditures under the provisions of this act to the State Comptroller, and pay the balance of receipts over expenditures to the State Treasurer. The said Regents may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon. No person shall thereafter practise as a registered nurse under any such revoked certificate.

**208. Waiver of Examinations.**—The Regents of the University of the State of New York may, upon the recommendation of said Board of Examiners, waive the examination of any persons possessing the qualifications mentioned in section two hundred and six, who shall have been graduated before, or who are in training at the time of, the passage of this act and shall hereafter be graduated, and of such persons now engaged in the practice of nursing as have had three-years' experience in a general hospital prior to the passage of this act, who shall apply in writing for such certificate within three years after the passage of this act, and shall also grant a certificate to any nurse of good moral character, who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act, who shall satisfactorily pass an examination in practical nursing within three years hereafter.

**209. Violations of this Article.**—Any violation of this article shall be a misdemeanor. When any prosecution under this article is made on complaint of the New York State Nurses' Association, the certificate of incorporation of which was filed and recorded in the office of the Secretary of State on the second day of April,



nineteen hundred and two, the fines collected shall be paid to said association, and any excess in the amount of fines so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the Treasurer of the State of New York.

2. Article twelve of the public health law, consisting of sections two hundred and ten to two hundred and twenty, inclusive, is hereby renumbered as article thirteen of said law.

3. This act shall take effect immediately.

### VIRGINIA BILL

Became a law May, 1903

1. *Be it enacted by the General Assembly of Virginia*, That within sixty days after the passage of this act the Governor of this State shall appoint a State Board of Examiners of graduate nurses, to be composed of five (5) members, to be selected by the Governor from twelve (12) nominations submitted to him by the Virginia State Association of Graduate Nurses. One of the members of this board shall be designated to hold office one year, one for two years, one for three years, one for four years, one for five years; and thereafter, upon the expiration of the term of office of the person so appointed, the Governor of the State shall appoint a successor to each person whose term of office shall expire to hold office for five years, and the person so appointed shall be selected by the Governor from a list of seven nominations submitted to him by the Virginia State Association of Graduate Nurses. In case appointment of a successor is not made before the expiration of the term of any member, such member shall hold office until a successor is appointed and duly qualified. Any vacancy occurring in membership of the board shall be filled by the Governor of this State for the unexpired term of such membership.

2. The members of the State Board of Examiners of registered nurses shall, before entering on the discharge of their duties, make and file with the Secretary of the Commonwealth the constitutional oath of office. They shall, as soon as organized, and annually thereafter in the month of January, elect from their number a president and a secretary, who shall be the treasurer. The treasurer, before entering upon his or her duties, shall file a bond with the Secretary of the Commonwealth for such sum as shall be required of him or her by the said Secretary of the Commonwealth. The board shall adopt rules and regulations not inconsistent with this act to govern its proceedings, and also a seal, and the secretary shall have the care and custody thereof, and he or she shall keep a record of all proceedings of the board, including a register of the names of all nurses duly registered under this act, which shall be open at all reasonable times to public scrutiny; and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on that behalf. The secretary of the board may receive a salary, which may be fixed by the board, and which shall not exceed one hundred dollars (\$100.00) per annum; she or he shall also receive travelling and other expenses incurred in the performance of her or his official duties. The other members of the board shall receive the sum of one dollar for each day actually engaged in this service, and all legitimate and necessary expenses incurred in attending the meeting of said board. Said expenses and salaries shall be paid from the fees received by the board under the provisions of this act, and no part of the salary

or other expenses of the board shall be paid out of the State Treasury. All money received in excess of the said per diem allowance and other expenses provided for shall be held by the treasurer as a special fund for meeting the expenses of said board and the cost of (annual) reports of the proceedings of said board.

3. Three members of the board shall constitute a quorum. Special meetings of the board shall be called by the secretary upon written request of any two members. The board shall adopt rules and regulations for the examination of applicants for licenses, certificates, or to practise professional nursing of the sick in accordance with the provision of this act, and may amend, modify, and repeal such rules and regulations from time to time. The board shall, immediately upon the election of the officers thereof, and upon the adoption of its rules of government, or its rules and regulations for examination of applicants for registration, file with the Secretary of the Commonwealth and publish in at least one journal devoted to the interest of professional nursing and one daily newspaper published in the State of Virginia at least twice the name and address of each officer, and a copy of such rules and regulations or the amendment or modification thereof.

4. Provision shall be made by the board hereby constituted for holding examinations at least twice in each year. All examinations shall be made directly by said board or a committee of two (2) members delegated by the board, and due notice shall be given of the time and place of holding such examination, as in the case provided for the publication of the rules and regulations of said board. The examination shall be of such character as to determine the fitness of the applicant to practise professional nursing of the sick. If the result of the examination of any applicant shall be satisfactory to a majority of the board, the secretary shall, upon an order of the board, issue to the applicant a certificate to that effect upon payment to the secretary by the candidate of a fee of five dollars (\$5.00); whereupon the person named on the certificate shall be declared duly licensed to practise professional nursing in this State. Any persons from other States who shall show to the satisfaction of the board that he or she is properly and duly registered for the practice of professional nursing in such States, upon payment of usual fees for certificate is entitled to a license to practise professional nursing in this State without an examination.

5. The applicant who desires to practise professional nursing shall furnish satisfactory evidence that she or he is more than twenty-one (21) years of age, is of good moral character, has received a sufficient preliminary education as may be determined by the board, and has graduated from a training-school of a general hospital of good standing, as may be determined by the board, and where at least two-years' training in the hospital and systematic courses of instruction are given. All nurses graduating before January 1, 1904, shall be exempt from State examination.

6. Any person who shall show to the satisfaction of the board that she or he was engaged in the practice of professional nursing of the sick on the date of the passage of this act shall be entitled to a license without passing an examination; provided, such application shall be made within twelve months after the passage of this act.

7. All persons who have duly received licenses or certificates in accordance with the provisions of this act shall be known and styled a registered nurse, and it shall be unlawful after one year from the passage of this act for any person to practise professional nursing of the sick as such for compensation without a license or

certificate in this State, or to advertise as or assume the title of trained nurse or graduate nurse, or to use the abbreviation of "T.N." or "G.N.," or any other words, letters, or figures to indicate that the person using the same is a trained, registered, or graduate nurse.

8. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than fifty dollars (\$50.00) nor more than two hundred dollars (\$200.00) for the first offence, and not less than one hundred dollars nor more than five hundred dollars (\$500.00) for each subsequent offence.

9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered or graduate nurse.

10. Any person who shall wilfully make any false representation to the Board of Examiners in applying for a license shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not less than five hundred dollars (\$500.00) nor more than one thousand dollars (\$1,000.00).

11. The State Board of Examiners of graduate nurses shall have the power to revoke any certificate or license issued in accordance with this act by unanimous vote of said board for gross incompetency, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the board; but before any license or certificate shall be revoked the holder thereof shall be entitled to at least thirty days' notice of the charge against her or him, and of the time and place of hearing and determining of such charges, at which time and place she or he shall be entitled to be heard. Upon the revocation of any certificate or license, it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses.

12. This act shall be in force from its passage.

## STATE OF MARYLAND

### AN ACT

#### TO PROVIDE FOR STATE REGISTRATION OF NURSES

Signed by the Governor March 25, 1904

SECTION 1. *Be it enacted by the General Assembly of Maryland, That upon the taking effect of this Act, the Maryland State Association of Graduate Nurses shall nominate for examiners twelve (12) of its members who have had not less than five years' experience in their profession. These nominations shall be submitted to the Governor of the State, who shall from said number appoint, within sixty days, a Board of Examiners, to be composed of five (5) members. One of the members of this Board shall be designated by the Governor to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years, from a list of five nominations submitted to him by the Maryland State Association of Graduate Nurses annually. All vacancies occurring on this Board shall be filled by the Governor in the same manner*

from the list of nominations furnished him, or from a list of five to be furnished upon his request for additional names.

**SEC. 2.** *And be it further enacted,* That the members of this State Board of Examiners shall, as soon as organized, and annually thereafter in the month of June, elect from their members a President and a Secretary, who shall be the Treasurer. Three members of this Board shall constitute a quorum, and special meetings of the Board shall be called by the Secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The Secretary shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and the Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expenses on this behalf. The Secretary shall receive a salary to be fixed by the Board, not to exceed one hundred dollars (\$100.00) per annum, also traveling and other expenses incurred in the discharge of her official duties. The other members of the Board shall receive five dollars (\$5.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the Board under the provision of this Act, and no part of salaries or other expenses of the Board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for, shall be held by the Treasurer for meeting the expenses of the said Board and the cost of annual reports of the Board.

**SEC. 3.** *And be it further enacted,* That after June 1, 1906, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, to determine their fitness and ability to give efficient care of the sick. Upon filing application for examination and registration, each applicant shall deposit a fee of five dollars (\$5.00).

**SEC. 4.** *And be it further enacted,* That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high school education, and has graduated from a training-school connected with a general hospital where three years of training with a systematic course of instruction is given in the hospital, or has graduated from a training-school in connection with a hospital of good standing supplying a systematic three years' training corresponding to the above standards, which training may be obtained in two or more hospitals.

**SEC. 5.** *And be it further enacted,* That all nurses graduating before June 1, 1906, possessing the above qualifications, shall be permitted to register without examination upon payment of registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training-schools connected with a general hospital or sanitarium giving two years' training or prior to the year 1897 having given one year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this Act, or have been engaged in nursing five years after graduation, prior to the passage of this Act, also those who are



in training at the time of the passage of this Act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made before June 1, 1906.

Graduates of training-schools in connection with special hospitals, giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1906; or said graduates shall be eligible for registration prior to said date upon passing a special examination before the Board of Examiners in subjects not adequately taught in the training-schools from which they have been graduated.

And it shall be unlawful after the expiration of that time for any person to practice professional nursing as a registered nurse without a certificate in this State. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R.N., or any other letters or figures to indicate that he or she is a registered nurse.

SEC. 6. *And be it further enacted*, That this Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

SEC. 7. *And be it further enacted*, That any person violating any of the provisions of this Act, or who shall willfully make any false representation to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and upon conviction be punished by a fine of not more than five hundred dollars (\$500.00).

SEC. 8. *And be it further enacted*, That the State Board of Examiners of graduate nurses may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty days' notice, and after a full and fair hearing of the charges made, by a majority vote of the whole Board, the certificate can be revoked.

SEC. 9. *And be it further enacted*, That this Act shall take effect from the date of its passage.

## THE INDIANA BILL FOR THE STATE REGISTRATION OF NURSES

THE BARRON HOUSE BILL, No. 15, signed by Governor Hanley, February 27, 1905:

"A BILL for an act requiring the registration of all trained nurses, providing a Board of Registration and Examination, fixing the number, duties, and qualifications of said board, and providing for the registration of nurses, providing penalties for violation of said act,

"SECTION 1. *Be it enacted by the General Assembly of the State of Indiana*, That upon the taking effect of this act the Governor shall appoint, within sixty days, a State Board of Registration and Examination of Nurses, to be composed of five members who have not had less than five-years' experience in their profession, exclusive of their training, and who shall not be connected with any hospital. One of these members shall be designated by the Governor to hold office for one year, two for two years, and two for three years, and thereafter, upon the expiration of



the term of office of the person or persons so appointed the Governor shall appoint successors to such person or persons to hold office for three years. All vacancies occurring on this board shall be filled by the Governor from persons qualified as above stated.

"Sec. 2. The members of the said State Board of Registration and Examination shall meet in the City of Indianapolis as soon as organized, and annually thereafter in the month of July shall elect from their members a president and also a secretary, who shall be the treasurer. Three members shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the written request of any two members. The State Board of Registration and Examination is authorized to frame such by-laws as may be necessary to govern its actions. The secretary shall be required to keep a record of all meetings of the board, including a register of the names of all nurses duly registered under this act; said register shall, at all reasonable times, be open to public scrutiny, and the board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expense on this behalf. The said by-laws shall provide the subjects upon which applicants shall be examined. The secretary shall receive a salary to be fixed by the board not to exceed five hundred (\$500) dollars per annum, also travelling and other expenses incurred in the discharge of their official duties. The other members of the board shall receive five (\$5) dollars per day for each day actually engaged at the meetings of the board, and legitimate and necessary expense. Said expense and salary shall be paid from fees received by the board under the provisions of this act, and no part of salaries or other expenses of the board shall be paid out of the State Treasury.

"Sec. 3. The clerk of the Circuit Court of any county, upon presentation to him of a certificate from the State Board of Registration and Examination, shall register the date of registration, with the name, residence, and address of the holder thereof, in a book to be kept in his office for this purpose, and marked "Register of Trained Nurses," and shall issue to the applicant a certificate of such registration under the seal of the Circuit Court of the county, for which registration he shall be paid fifty cents by the applicant.

"Sec. 4. That after June 1, 1908, it shall be the duty of said Board of Registration and Examination to meet not less frequently than once a year. Notice of each meeting shall be given in one daily newspaper and in one nursing or medical journal published within the State of Indiana thirty days prior to said meeting. At these meetings it shall be the duty of said Board of Registration and Examination to examine the diplomas and credentials of all applicants for registration under this act. Said board shall also examine such applicants on the branches usually taught in the training-schools for nurses to determine their fitness and ability to give efficient care to the sick. The said board shall require of each applicant for examination and registration a fee of ten (\$10) dollars, to be paid upon application.

"Sec. 5. That after June 1, 1908, the applicant shall furnish satisfactory evidence that he or she is twenty-one years of age, of good moral character, has received the equivalent of a High-School education, and has been graduated from a training-school for nurses connected with a general hospital approved by the board, where a systematic course of two-years' instruction is given.

"Sec. 6. Any resident of the State of Indiana, being over the age of twenty-one years, of good moral character, holding a diploma from a training-school for nurses connected with a general hospital giving a course of at least two-years'

training or having had seven-years' experience, three of which shall have been spent in a general or special hospital and engaged in professional nursing at the date of or prior to the passage of this act, shall be entitled to registration without examination, provided such application be made before January 1, 1908. All nurses in training at the time of the passage of this act and possessing the above qualifications shall be entitled to registration without examination, provided application is made before June 1, 1908. Graduates of training-schools in connection with special hospitals giving a two-years' course who shall obtain six-months' additional training in a general hospital approved by the State Board of Registration and Examination shall be eligible for registration without examination before June 1, 1908; or said graduates shall be eligible for registration prior to said date who have nursed five years prior to the passage of this act; or upon passing of special examination before the State Board of Registration and Examination in subjects not adequately taught in the training-school from which they have been graduated.

"The by-laws shall provide for the examination and qualification of nurses who make application before January 1, 1908, who have not graduated from a training-school, and who have been engaged in nursing ten years, and who are otherwise eligible, and who shall present required credentials from physicians for whom they have nursed.

"All applicants under this section shall pay to the said board the sum of five (\$5.00) dollars at the time of making application.

"Sec. 7. The State Board of Registration and Examination shall have power, after thirty-days' notice, upon written charge being preferred and the time and place of meeting being fixed, and after full and free hearing of the same by a majority vote of the entire board, to revoke any license issued by said board for gross incompetency, dishonesty, habitual intemperance, or any other act in the judgment of the board derogatory to the morals or standing of the profession of nursing. Upon the revocation of the license or certificate the name of the holder thereof shall be stricken from the roll of registered nurses in the hands of the secretary of the board and notice sent of same to the clerk of the Circuit Court of the county in which he or she resides, and there shall be no appeal therefrom.

"Sec. 8. Every person who shall have duly received a license and certificate in accordance with the provisions of this act shall be known and styled a 'registered nurse,' and it shall be unlawful after one year from the passage of this act for any person to practice or advertise as or assume the title of trained nurse or graduate nurse or to use the abbreviations of 'T.N.' or 'G. N.' or any other words, letters, or figures to indicate that the person using the same is a trained, registered, or graduate nurse, unless he or she shall have first received a license and certificate in accordance with the provisions of this act.

"Sec. 9. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and, also, it shall not apply to any person nursing the sick for hire who does not in any way assume to be a registered or graduate nurse.

"Sec. 10. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, punishable by a fine of not less than twenty-five (\$25) dollars and not more than fifty (\$50) dollars for the first offence, and not less than fifty (\$50) dollars and not more than one hundred (\$100) dollars for each subsequent offence."

## THE COLORADO BILL

THE following is the Colorado bill as signed by Governor MacDonald April 12, 1906:

"A BILL for an act relating to professional nursing.

*"Be it enacted by the General Assembly of the State of Colorado:*

"SECTION 1. That within sixty days after the taking effect of this act the Governor of the State shall appoint a State Board of Nurse Examiners, to be composed of five members. Each of the members of said board so appointed by the Governor shall be a trained nurse of at least twenty-three (23) years of age, of good moral character, who is a graduate from a training-school connected with a general hospital or sanitarium of good standing where a three-years' training with a systematic course of instruction is given in the wards; one of the members of said board shall be designated by the Governor to hold office for one year, one for two years, one for three years, one for four years, and one for five years, and thereafter upon the expiration of the term of office of the person so appointed the Governor shall appoint a successor to each person to hold office for five years, each of whom shall be a registered nurse under the provisions of this act and shall fulfil the requirements in this section set forth.

"SEC. 2. That the members of said board shall, as soon as organized, annually in the month of April elect from their members a president and a secretary, who shall also be the treasurer. Three members of this board shall constitute a quorum, and special meetings of said board shall be called by the secretary upon the written request of any two members. The board is authorized to make such by-laws and rules as shall be necessary to govern its proceedings and to carry into effect the purpose of this act. The secretary shall be required to keep a record of all the meetings of said board, including a register of the names of all nurses duly registered under this act, which shall at all reasonable times be open to public scrutiny, and said board shall cause the prosecution of all persons violating any of the provisions of this act, and may incur necessary expenses on that behalf. That the president and secretary shall make a biennial report to the Governor on the second Monday of December immediately preceding the convening of the Legislature, together with a statement of the receipts and disbursements of said board.

"SEC. 3. That after April, 1906, it shall be the duty of said board to meet not less frequently than once in every three (3) months, notice of which meeting shall be given to the public press and in one nursing journal one month previous to the meeting. At said meetings it shall be the duty of the board to examine all applicants for registration under this act. Upon filing application for examination each applicant shall pay a registration fee of ten dollars. The examination shall be of such a character as to determine the fitness of the applicant to practise professional nursing as contemplated by this act. If the result of the examination of any applicant shall be satisfactory to a majority of the board, the secretary shall, upon an order of the board, issue to the applicant a certificate to that effect; whereupon the person named in the certificate shall be declared duly qualified to practise professional nursing in this State. Any person from any other State who shall show to the satisfaction of the board that he or she is a trained, graduate nurse of a hospital or sanitarium, the standard of instruction and training of which shall meet the requirements of the rules prescribed by said board, may, upon payment of the usual fee therefor, receive a certificate and be registered as a nurse of this State without examination.

"SEC. 4. That all nurses who are engaged in nursing at the date of the passage of this act and who shall show to the satisfaction of said board that they are graduates of training-schools connected with a hospital or sanitarium giving two-years' general training, or prior to the year 1901 having given eighteen-months' general training and who maintain in other respects proper standards; or who are in training in the wards of a general hospital or sanitarium where a two-years' training with a systematic course of instruction is given at the time of the passage of this act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration without examination, provided such application be made to this board before April, 1906. It shall be unlawful after April, 1906, for any person to practise nursing as a trained, graduate, or registered nurse without a certificate from the State Board of Nurse Examiners. A nurse who has received his or her certificate according to the provisions of this act shall be styled and known as a 'Registered Nurse.' No other person shall assume such title or use the abbreviation 'R.N.,' or any other letters, to indicate that he or she is a trained, graduate, or registered nurse.

"SEC. 5. That the State Board of Nurse Examiners shall have the power to revoke any certificate issued in accordance with this act by unanimous vote of said board for gross incompetency, dishonesty, habitual intemperance, or any act derogatory to the morals or standing of the profession of nursing, as may be determined by the board; but before any certificate shall be revoked the holder thereof shall be entitled to at least thirty-days' notice in writing of the charge against him or her, and of the time and place of hearing and determining of such charges, at which time and place he or she shall be entitled to be heard. Upon the revocation of any certificate it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses.

"SEC. 6. All fees received by the State Board of Nurse Examiners, and all fines collected under this act, shall be paid to the treasurer of said board, who shall at the end of each and every month deposit the same with the State Treasurer; and the said State Treasurer shall place said money so received in a special fund to be known as the fund of the State Board of Nurse Examiners, and shall pay the same out on vouchers issued and signed by the president and secretary of said board upon warrants drawn by the Auditor of the State therefor. All moneys so received and placed in said fund may be used by the State Board of Nurse Examiners in defraying its expenses in carrying out the provisions of this act.

"SEC. 7. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family or to any person nursing the sick for hire who does not in any way assume the practice as a trained, graduate, or registered nurse.

"SEC. 8. That any person violating the provisions of this act, or who shall make any false representations to said board, in applying for a certificate, shall be guilty of a misdemeanor, and, upon conviction, be punished by a fine of not more than three hundred dollars (\$300.00); *provided*, that nothing in this act shall apply to nurses who have served as such in the army of the United States in the Civil War or the Spanish-American War.

"SEC. 9. In the opinion of the General Assembly an emergency exists; therefore, this act shall take effect and be in force from and after its passage."



## STATE OF CONNECTICUT

## AN ACT

## REGULATING THE PRACTICE OF PROFESSIONAL NURSING OF THE SICK

Became a law June 6, 1905

SECTION 1. From and after July 1, 1905, there shall be a board of examination and registration of nurses, composed of five members, appointed by the governor, and all vacancies in said board shall be filled by the governor in like manner. The members of said board shall be residents of the State of Connecticut and shall be practical nurses, each of whom shall be a graduate of a training-school for nurses which gives a two years' course in a general hospital, and shall have had at least eight years' experience in professional nursing of the sick. Each member shall be appointed for a term of three years from the date when the appointment shall take effect, except those first appointed, who shall serve as follows: one for one year, two for two years, and two for three years from the date their appointments take effect respectively, and except a person appointed to fill a vacancy, who shall be appointed for the unexpired term.

SEC. 2. Said board shall, at the first meeting thereof, and at the annual meeting which shall be held on the first Wednesday in June, 1906, and on the first Wednesday in June in each year thereafter, elect from its own number a president and a secretary who shall also be treasurer. Said board may adopt a seal, and may adopt such by-laws, rules and regulations for the transaction of the business of the board and the government and management of its affairs, not inconsistent with the laws of this state and of the United States, as it may deem expedient. Three members of said board shall constitute a quorum, and special meetings shall be called upon request of any two members. On request of said board the comptroller shall provide a suitable room in the capitol for its meetings.

SEC. 3. The members of said board shall receive their actual necessary expenses incurred in the discharge of their duties, and the secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars per year. Said expenses and said salary shall be paid out of the receipts of said board as hereinafter specified.

SEC. 4. At a meeting of said board to be held within sixty days after the appointment of the members thereof, and at the annual meeting in each year thereafter and at such special meetings as said board may deem necessary to hold for that purpose, notice of each of which meetings shall be given by publication in such newspapers as the board may determine at least one month previous to such meetings, said board shall examine all applicants for registration under the provisions of this act to determine their qualifications for the efficient nursing of the sick. Any person twenty-one years of age or over and of good moral character who shall show to the satisfaction of the board that he or she is a graduate of a training-school for nurses which gives a two years' course in a public or private hospital where medical, surgical, and obstetrical cases are received and treated, or has had such experience as said board shall find to be equivalent thereto, shall be eligible for such examination upon payment of a fee of five dollars, to be deposited upon the filing of the application



for examination. Said examination shall include the subjects of elementary anatomy and physiology, medical, surgical, and obstetrical nursing, dietetics, and home sanitation. If such applicant shall pass said examination to the satisfaction of the board, said board shall issue a certificate of registration to said applicant.

SEC. 5. Any person twenty-one years of age or over and of good moral character, applying for registration within two years from the passage of this act, and who shall, by affidavit or otherwise, show to the satisfaction of the board that he or she is a graduate of a training-school for nurses which gives a two-years' course in a public or private hospital where medical, surgical, and obstetrical cases are received and treated, or that he or she was, at the passage of this act, a student in such training-school for nurses and afterwards was graduated therefrom, or has had such other experience as said board shall find to be equivalent thereto, shall be eligible for registration without examination, upon payment of a fee of five dollars.

SEC. 6. Said board may cancel the registration of any person who has been convicted of any felony, or of any crime or misdemeanor in the practice of the profession of nursing.

SEC. 7. It shall be unlawful, after two years from the passage of this act, for any person to practice professional nursing in this state as a registered nurse without having a certificate of registration. A nurse who has received such certificate shall be styled and known as a "Registered Nurse," and no other person shall assume such title, or use the abbreviation "R.N." or any other words, letters, or figures to indicate that the person using the same is such a registered nurse. Every person who shall violate any provision of this act, who shall wilfully make false representation to said board in applying for a certificate of registration, shall be fined not more than one hundred dollars; *provided*, that nothing in this act shall be held to apply to the acts of any person nursing the sick who does not represent himself or herself to be a registered nurse. The board shall cause to be presented to the proper prosecuting officer evidence of any violation of the provisions of this act and may incur any necessary expenses in the performance of this duty, said expenses to be paid out of the receipts of said board.

SEC. 8. All fees collected by said board under the provisions of this act shall be paid to the secretary of the board, and said secretary shall pay from the moneys so received the salary of said secretary and the necessary expenses of the members as provided in section three of this act, also for books, stationery, and other necessary expenses of the board; *provided*, that said board shall create or incur no expense exceeding the sum received from time to time as fees under the provisions of this act. The secretary shall before taking office give to the state a bond, with surety, conditioned for the faithful performance of the duties of said office, in the penal sum of not less than five hundred dollars; and shall keep an account of all moneys received and expended as aforesaid and shall render a detailed statement thereof to the comptroller on or before July first in each year.

SEC. 9. This act shall take effect from its passage.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

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**THE SALT-FREE DIET IN EPILEPSY.**—The *New York State Journal of Medicine* says: "Italian physicians have made a study of the influence of the salt-free diet and the reduced salt diet in the treatment of epilepsy. Their conclusions, quoted in the *Practitioner*, are to the effect that the salt-free diet notably diminishes in all epileptics the number and violence of attacks; in some cases they were kept away for months. The reduced salt diet only diminishes the number of fits. To reduce their violence and number to any extent, it was only necessary to give, at the same time, small doses of bromide. In the milder forms of epilepsy the salt-free diet is sufficient to diminish and even to suppress the disease for a long time, but in the more severe forms bromides must be given as well. A salt-free diet by itself or in combination with bromides, even when kept up for some years, does not produce on the patients any disturbance of the general condition, either of body or mind."

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**QUASSIA IN INEBRIETY.**—Dr. T. D. Crothers, of Hartford, Connecticut, stated at a meeting of the Medical Society of Virginia that an aqueous solution of quassia, two ounces every hour, given for a day or two before an expected spree, will destroy the craving for drink and even render it distasteful.

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**REMOVAL OF ADHERENT STRIPS OF GAUZE.**—The *Journal of the American Medical Association*, quoting from *Centralblatt f. Chirurgie*, says: "Lauenstein takes hold of the end of the strip of gauze with forceps, and, instead of pulling it out, twists it continually on its axis. His experience has been that this loosens up small regions of adhesions at a time, and the final removal of the gauze is then an easy matter, even after a Mikulicz tamponade."

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**THE FEEDING OF YOUNG CHILDREN.**—The *New York Medical Journal*, in a synopsis of an article in the *Edinburgh Medical Journal*, says: "Potts thinks few subjects have been more studied and discussed in

recent years than that of the feeding of infants under one year of age, and that few matters of importance have been more neglected than their feeding at a later stage. Errors in feeding at the latter period arise from want of appreciation of two important principles: 1. The capacity for salivary digestion is at first altogether wanting, and even later in childhood tends to be deficient. 2. The teeth, as soon as they appear, require proper use. As to the first of these, salivary digestion being difficult, starchy foods must be given in a very digestible form. Thorough mastication must be taught and encouraged, the food being therefore given in as dry a form as possible. As soon as the incisors are through the gums, the first step should be taken to discontinue liquid diet. Crusts and bones may be given to encourage mastication. Also raw apples and nuts, and the farinaceous food should be given in a semi-solid form. Overeating must be guarded against."

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NATURAL DISINFECTION OF THE INTESTINE.—The *Medical Record*, in an abstract of a paper in the *Münchener Medizinische Wochenschrift*, says: "Moro points out the inadequacy and undesirability of attempts at intestinal disinfection by the administration of antiseptic drugs, or even of calomel, and emphasizes the desirability of devising some method which should be in harmony with the natural defensive forces of the organism. The stool of the breast-fed infant presents as its predominating bacterial component the *Bacillus bifidus* of Tissier and the extreme activity and great vitality of this organism enable it rapidly to overgrow all other bacteria that may be present in the intestine. The author has found that a most efficient means of ridding the gut, both of children and of adults, of undesirable bacterial guests consists in the administration of human milk. In a surprisingly short time the *Bacillus bifidus* will have overgrown all of its competitors. While at present the method is difficult of application on account of the scarcity of breast milk, it seems likely that it will be possible to discover the particular substance in this fluid which is so advantageous to the organism in question, and in that case the problem might be simplified."

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THE CARE OF THE ABDOMINAL WALLS AFTER DELIVERY.—The *New York Medical Journal*, quoting from a German contemporary, says: "Brose believes that the abdomen should be bandaged immediately after delivery in order to prevent relaxation of the abdominal muscles, and bring the muscles back into their proper position."

**SIX WEEKS IN BED**, says *American Medicine*, was the old treatment for acute articular rheumatism. Six weeks in typhoid, six weeks in iritis, six weeks in gonorrhoea at its best, and six weeks in so many other infections, all suggest that perhaps here there is the basis for some kind of a generalization. Perhaps the organism really requires six weeks to gather its forces and manufacture its supplies to defeat an army of invading parasites of certain species and repair the damage they inflict. It is a thought well worth following up. Even if there is no such general law possible, it is a good rule to impress upon patients even in the most trivial complaints—a cold—an influenza—a depression from overwork.

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**METHYLENE BLUE IN INOPERABLE CANCER.**—Dr. Abraham Jacobi reports in the *Journal of the American Medical Association* the effects of methylene blue in many cases of cancer in which operation was impossible. His results were satisfactory in relieving pain, prolonging life, and producing such improvement that the patient was enabled to attend to the ordinary business. He does not think that he has ever cured a case, yet one man has been under observation for four or five years, and one woman for eight or nine. He has commenced to expose the patient to sunlight as an auxiliary to the drug.

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**LOCAL ANESTHESIA.**—The *Journal of the American Medical Association*, quoting from the *Buffalo Medical Journal*, says: "Clinton is of the opinion that certain cases of profound sepsis, notably empyema and local abscess of the abdomen, are more safely attacked under local anesthesia. In order to satisfy his own mind as to the relative importance of the solution used, or the manner of using it, he had a patient prepared for a double herniotomy. With a large syringe and a small needle the skin was infiltrated with plain sterile warm water. Next the fatty tissue was blown up, and then an incision was carried to the external oblique. The patient did not feel any pain. By ballooning up each layer of muscle and fascia with warm water, and massaging it before it was cut, it was found that anesthesia was as complete as if a strong cocaine solution had been used."


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**ACTION OF TEA ON TYPHOID BACILLUS.**—The same journal, in a synopsis of an article in the *Journal of the Royal Army Medical Corps*, says: "As the result of an investigation of the action of cold tea on the typhoid bacillus, McNaught found that after four hours' contact the

organism diminished greatly in numbers, and that after twenty hours it could not be recovered from cold tea. The tea was prepared by pouring about one litre of boiling water on three heaped-up teaspoonfuls of tea. The tea was allowed to infuse for ten minutes. McNaught suggests that cold tea may be used as a substitute for water in soldiers' water bottles on active service."

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**ABORTIVE TREATMENT OF BOILS.**—The *New York Medical Journal* has the following: "A method of checking the development of furuncles has been described by Vikentiev (*Vratchebnaya Gazetta*, through *Le Bulletin médical*). If the treatment is applied early, the boil will proceed to dry up after one intervention. The method is described as follows: Apply a solution of soft soap in alcohol, which is then to be washed off with alcohol, and a small piece of absorbent cotton wet with the same solution is placed on the surface until the liquid has evaporated. The region is again to be rubbed with the tincture of soft soap (made with potash), and the latter is allowed to dry on the surface. In the great majority of cases this is all that is required, and the furuncle aborts without further treatment. The method is also useful with furuncles already advanced in their development, as it reduces to the minimum the extent of the purulent collection."



"OUR strength grows out of our weakness. Not until we are pricked and stung and sorely shot at, awakens the indignation which arms itself with secret forces. A great man is always willing to be little. Whilst he sits on the cushion of advantages he goes to sleep. When he is pushed, tormented, defeated, he has a chance to learn something; he has been put on his wits, on his manhood; he has gained facts; learns his ignorance; is cured of the insanity of deceit; has got moderation and real skill.

"The wise man always throws himself on the side of his assailants. It is more his interest than theirs to find his weak point. Blame is safer than praise. I hate to be defended in a newspaper. As long as all that is said is against me, I feel certain of success. But as soon as honeyed words of praise are spoken for me, I feel as one that lies unprotected before his enemies. In general, every evil to which we do not succumb is a benefactor."—*Emerson*.



## FOREIGN DEPARTMENT



IN CHARGE OF  
LAVINIA L. DOCK

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### THE CONFERENCE IN PARIS

WITH the arrival of the New Year we begin to have visions of steamer tickets dancing before our eyes and are anxious to get other preoccupations swept out of the way in order to be ready for Paris. The Conference will convene in Paris about the middle of June (the precise day is not yet quite certain), and will last for, probably, three days, with a morning and afternoon session each day. As to the programme, the subject of Practical Training will be presented by such eminent matrons as Miss Stewart, Miss Huxley, and Miss Nutting, while contributory reports on the progress of practical teaching in the countries where it is now in process of development will be given by our sisters from Germany, Holland, France, and Italy. A whole day will doubtless be needed to do this subject justice and allow time for discussion. The theme of Professional Organization will occupy all of another, for in this connection there is much to hear and to tell, including, as it will, the story of the nursing press, which has been the chief engine of nursing progress in many nations, and gives us so much to be proud of. In this connection we must hear from the Leagues and Alumnae, the state and national and the international associations, of their progress, and give, no doubt, some time to talking over the affairs of those countries where organization has barely begun, as in France and Italy.

On the third day we hope to take up some of the lines of nursing which may rightly be called Public Health problems, such as the modern efforts to reduce infant mortality, the pure milk distribution, public school nursing, the share of the nurse in the war against infections, tuberculosis, etc., military and naval services, sanitary inspection under health boards, visiting nursing among the poor, etc. We hope to have enlightening discussions on all these topics, showing a consensus of what is being done in all countries. There will also be time given to visiting the French hospitals, and Miss Mollett, who is better than a first-rate guide, is arranging for trips of combined pleasure and instruction around

beautiful Paris for the English nurses, and we are sure she will let all the others go, too. It is not yet quite certain where the meetings will be held, but that will soon be arranged and announced.

We remind all nurses again that this conference is informal and open to all, that no formal credentials will be required. All will be welcome to come and join in the discussions. A paper that will no doubt be interesting to many of our foreign sisters will be one offered by Miss Van Vollenhoven, a Holland nurse who has made her way in America, and will deal with the question, "The Opportunities for Foreign Nurses in America."

We hope to see a large number of the nurses from European countries. Miss Turton and Miss Baxter have promised to come, if their engagements permit, from Italy; Dr. Anna Hamilton will surely be there from Bordeaux; the Holland nurses' association will be represented; Sister Agnes Karll will be there from Berlin, unless she is at that time occupying a position in the Ministerium; some of the Danish nurses are coming, and almost all our good old English friends will be there. Moreover, in Paris is an enormous nursing population in the large hospitals, and we are already receiving the kindest assurances of good-will and interest from their representatives. Mme. Gillot, the editor of the *Bulletin*; Mlle. Chaptal, prominent in many kinds of public service, and Mme. Alphen-Salvador, we know will meet us with kindness. Then, too, there are one or two groups of American and English nurses living in Paris.

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#### A BOOK OF NURSING STATISTICS

A book of remarkable value and importance in nursing history and development has lately been written by a member of the Austrian parliament.\* The author, a layman, writes from the standpoint of the social reformer. He begins by quoting Dr. E. von Leyden, who has said that "nursing is now generally recognized in its full importance, and, especially in the last few years, it has risen to the position of an indispensable and distinct specialty of medicine." Von Lindheim argues from these words that, with a view to proper care of the sick poor and the good of the community, it becomes the immediate responsibility of the state to secure for this specialty the utmost consideration and to surround it with favorable conditions. He then considers the economic conditions of modern life and deplors the entrance of so many women into business

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\* *Saluti agrorum: Aufgabe und Bedeutung der Krankenpflege im Modernen Staat.* Alfred von Lindheim, Leipzig, 1905.

and shops, where they displace men. He sees in the proper development of nursing an outlet for the activity of a large body of women, and argues that on this ground also it is important that the state shall see that the conditions in nursing work are not dangerous to life or health, and that it should be made worth while for intelligent women to enter into this profession. From the starting-point of these propositions, he has made a statistical study of conditions in Austria and Germany, to establish, if possible, the numbers and comparative sufficiency of nurses in relation to the population and to the number of hospital beds, also the proportion of the latter to the population, and to estimate the safety of nursing as an occupation in comparison with other occupations.

From his investigations he concludes (quite rightly, we think) that nursing is not more dangerous than any other calling *provided* that the nurses are chosen with care, and that proper care and foresight prevail in the conditions of work. His statistics are, however, many of them, eloquent with the absence of proper care and conditions.

There is a vague tradition heard once in a while in America, to the effect that the life of a nurse averages ten years. No one who repeats it knows where it comes from,—it seems to be totally contradicted by our experience of thirty odd years, and it is certainly not true of English nursing. But since making some personal study of conditions I have not a doubt that this gloomy saying originated with good cause in Middle Europe, and von Lindheim's statistics bring much to the support of this conclusion. He says that in Austria and Germany nurses show an average mortality twice as great as that of other women of about the same age. In analyzing his mortality tables, he finds that the highest mortality is among the Catholic Sisters of Mercy. There are certain orders having from seventy to one hundred per cent. of deaths from tuberculosis. Taking all of the Catholic nursing orders in the German-speaking countries, the average mortality from tuberculosis is sixty-three per cent. This mortality is greatest among the young Sisters, and greater in proportion to their youth—that is, a larger proportion of the very young Sisters die, than of the older ones. Besides the mortality, he gives tables of sickness and disability which are astounding. In one year's time, for every one hundred Catholic Sisters, so many days are lost through sickness or complete invalidism as to make 15.28 years lost, with an average of 39.4 days to each illness. Among these illnesses infectious disease showed a place with 28.07 per cent.; stomach diseases, 14.02 per cent.; diseases of lungs and respiratory organs, 38.59 per cent. He gives the morbidity and mortality among Deaconess orders, Red Cross and other secular orders as greatly less than the

Catholic Sisters, but says that as members of these associations are free to leave, it is possible that many return to their homes and are thus lost to these special statistics.

He gives four reasons as accounting for the high morbidity and mortality among the religious orders: 1. Probationers are taken too young, and often in delicate health or with inherited disease. 2. Unhygienic conditions of living. 3. The stooped or cramped attitude which narrows the lungs, and the unhygienic dress. 4. Overwork and exhaustion. He says further these high figures do not stop with the nursing orders, but apply equally to the orders where other pursuits are followed. He concludes, solely on physiological grounds, that probationers should not be admitted to training before twenty-one or twenty-two years at the least, as below this age the direct danger to health proportionately increases.

His census of nurses in institutions in Germany in 1900 is as follows: 24,317 Catholic Sisters; 1,292 Catholic Brothers; 12,438 Deaconesses; 1,731 Protestant Brothers; 1,448 Red Cross nurses; 1,423 other non-religious associations; 40,000 "Wärter" and "Wärterinnen" (attendants, or paid untrained hospital nurses).

He gives many interesting illustrations of the dangers of an overworked and untaught nursing service, among others an epidemic of typhoid fever which occurred in the general hospital at Graz, Austria. Here a single typhoid case was admitted, who was confided to the care of two Sisters. Through lack of knowledge of the details of practical disinfection, they took the disease themselves, and, still through neglect of cleanliness, they infected in turn fifteen other Sisters and one probationer, two attendants, one scrubber, and one store-helper, who in turn infected four of the other patients in the hospital.

He concludes his book with an earnest appeal for careful and thorough-going statistics in all civilized countries, to show the weak points and strengthen the claim which he makes for government supervision of nursing education and conditions.

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### WORK AND OVERWORK

FROM what I have seen and heard in Central Europe (to leave out other countries on the Continent), I should not place overwork and exhaustion last in the list of four reasons for an excessive disease and death rate, as von Lindheim does. The overwork required of nurses (not to speak of other classes of working women) is hideous and inhu-

man. While it is not, of course, in itself more cruel than overwork of factory and shop employees, and not to compare with the cruel overwork of children in some good Christian countries, yet it seems more surprising for this reason: wage earners and child slaves work for greedy, unscientific lay employers, of whom it may be said that they know not what they do; but nurses work for physicians,—men of science, and of a science which is based on a knowledge of the human body. The physicians of Germany and Austria are especially famed for their knowledge and their science—as a matter of fact, they teach the whole world medicine—and these learned men are guilty of many sins toward the nurses who work for them, and who are, as I well know, the most faithful, untiring, self-forgetting of women in their devotion to duty.

I have recounted the general system of hospital hours in Austria as found in the General Hospital at Vienna,—twenty-four hours duty every other twenty-four hours, with a broken duty in between. This is the regulation system of Austria, with few exceptions. And I have heard much of the personal experiences of the German nurses in hospitals. In general, the customary hour for rising is five A.M., and the time for going off duty six, eight, or nine P.M. The numerous printed articles and reports show these hours to be usual in the Deaconess institutions, and night duty is often done in this way—no regular set of night nurses, as we have, but the day nurses take turns in dividing the night, one remaining on until one A.M. and another coming on then until the morning. Both continue their work through the whole day before and after without extra time off.

Certain Deaconess institutions then began a system of a regular set of night nurses, and I have read long and most amusingly serious disquisitions by good pastors as to which was the best plan. Personal instances always sound more lifelike, and I shall repeat a little of what different nurses have told me. Sister ——— was a pupil ten years ago in the old Charité. (Things are better now in the new Charité.) She rose at five and was on duty every day until nine P.M. Once a week she had a full night duty without any rest before or after, remaining on duty the next day until the regular hour of nine P.M. This was in her *Lehrzeit* (pupilage), and it was thought that this “hardened” them and weeded out the incompetents. Many of the victims saved themselves by sleeping on duty, but Sister ——— was conscientious to her last fibre, and stayed awake, though it almost killed her. They had three months of this.

Sister ——— was trained in a Red Cross institution, which placed her in a municipal hospital in a small town. Here also the nurses rose



at five A.M. Every third night each one had a full night duty. However, before going on at night they had a couple of hours off, and the next day they came off duty at six instead of nine P.M.

In this hospital (this was also ten or twelve years ago) the nurses, of whom there were about fifteen, did all, absolutely all, of the housework and ward-cleaning—corridors, floor washing, walls and window washing—in the whole hospital. The only parts of the work of the establishment which were not required of them were the cooking and distribution of food, and the laundry work. I am not sure about the dish-washing.

Sister —, who was a dear soul, with lots of fun in her, told me about this. She said: "Oh, I worked so gladly there! I was young and strong, I found nothing too hard. I am only sorry that we were taught nothing. We had no instruction at all, because the chief medical director did not wish that we should be taught. He said it was right for us to work. That was enough for us."

"But," I said, "you had a matron in that hospital. Could she not teach you?"

"Oh, no!" (with wide-open eyes) "not without the doctor. He ordered everything, and looked into the bath-tubs and utensils. If they were not clean enough, he made us do them over again. The matron could say nothing."

Other nurses have told me the same thing about the matrons under whom they worked: that they were not allowed to teach or exert their own initiative; everything was under the absolute dictation of the men in authority.

This elimination of the matron (superintendent, as we would call her) struck me in many parts of the continent, even in good little Denmark, but as I studied the question I came to understand it better. It bewildered me at first. The men everywhere were little kings, and ruled their little kingdoms with unlimited despotism. Naturally, they could not endure the thought of a woman being in position to dispute or divide their authority. She must only obey. While this is true of medical chiefs, it is not limited to them, for many hospitals had lay officials who were even worse. For instance, in the city hospitals the nurses were sometimes under the direct disciplining and ordering of some sub-official, who knew nothing of anything, except to be arrogant and peremptory.

The matron and housework questions are also most interestingly set forth in print. A big, three-volume encyclopædia, covering the whole subject of nursing, is to be found in a foreign tongue, but out of

kindness I will not mention the authors' names. What the matron shall be allowed to do is discussed through ten pages with the greatest energy,—almost feverish in its intensity. The queer thing is that the achievements of Miss Nightingale and her wonderful reforms are all quoted and expounded, and due credit given her therefor, and then the conclusions are with many long words arrived at, that it is preferable that the matrons shall *not* teach the nurses even practical work, as it is, on the whole, advisable to leave that all to the medical staff, and that it is advisable *not* to hand over any teaching of ethics to her, as that is preferably to be left to the physician. The housework question is discussed in eight pages, and in a style as ponderous and important as if the discovery of some new disorder was being reported. The gist of it all is that the men did not know how to organize a house-maid service which should be distinct from the nursing service. It bothered them to think of two sets of women under their orders, for how, in fact, was the physician to tell whether he had house-maid or nurse under his eyes? Besides, they would clash over their duties, therefore it was best to have only one set of women, and have them perform all duties. Besides, there were notable authorities (men) who stated that housework was a pleasant change from the monotony of attending the sick. The funny thing about it was that while masculine authorities were all quoted and their opinions compared with most painstaking care, such a thing as going to some nurse and saying: "Now, you are actually doing this,—what is your opinion?" never once entered into the mind of the scientific investigators. My conscience rather pricks me for thus holding up the learned professors to ridicule, for there is no doubt they are the most learned and often the most likable of men, paternal and benevolent in their despotism.

It is only fair to add that these opinions are already becoming antiquated (though they were written not so many years ago), and that in the organization of the magnificent new hospitals now being erected in Germany they are entirely discarded. But they are of historical interest, and their practical results are seen in many countries. One such result is that there is now an actual shortage of matrons who know how to teach, organize, and progress, so that enlightened modern directors who desire to develop the nursing department are embarrassed by this deficiency.

The nursing history of every country in Europe has most conclusively shown that where men wield the sole authority they are only able to bring the work of women up to a certain point of efficiency, and that beyond this point they cannot go, because their influence is repres-

sive, and they cannot attract the best talent by a repressive policy. It was Miss Nightingale's highest achievement to demonstrate this, and to prove that when their legitimate share of authority and responsibility was handed over to women they were able to carry the efficiency of the nursing service steadily forward, and to make it, in fact, capable of indefinite development. In more than one foreign country the most intelligent men now realize that their own egoistic methods have deprived them of the very assistants whose help they are now conscious of needing.

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#### ITEMS

TURKEY has good training schools for nurses at Marsovan, Beirut, and the English hospitals in Tiberias and Damascus, with three years courses.

MEMBERS of Parliament visited the poorest districts of Ireland last summer, and were deeply impressed with the work of the district nurses in those regions, and the extent of their influence.

MISS AMY TURTON has recently spent some time at Bordeaux, studying the methods there, preparatory to undertaking some new work at Rome, where a training-school on modern methods is in project. Miss Turton has promised to send us some details of this new plan.

THE National Council of Women of France has demanded that women should be appointed on commissions dealing with the care of dependent classes, and this request has recently had the gratifying result that two women, Mme. Bogelot and Mme. Perouse, have been placed on the Higher Council of the Board for Poor Relief and Hygiene.

In connection with the Eighth International Conference of the Red Cross Society to be held in London in May, 1907, there will be an exposition of appliances and inventions for the relief of the sick and wounded in war. Three prizes will be awarded for the most useful inventions of the kind from the fund of £10,000 given by the Empress Maria Feodorovna for the purpose.

THE graduate nurses from Dr. Anna Hamilton's hospital in Bordeaux, which is organized on the English system, with a nurse superintendent and teacher, are leavening the whole mass, like the first Nightingale nurses and those of Bellevue Hospital in its early days, for they are taking positions in other places and other hospitals as head nurses,

superintendents, and organizers. The Tondu school, which is the daughter of that at Bordeaux, has lately graduated ten nurses.

THE German Nurses' Association continues to grow, and the number of calls and opportunities crowding upon it for new hospital work almost overwhelms Sister Agnes, who has continually the work of three people heaped upon her. The "Free Sisters," with their educational standards and their self-governing principle, their rejection of all bonds save those imposed by their responsibility to the sick, are on the upward curve of progress, and constitute the coming force in German nursing history.

THE English National Council of Nurses has lately held a very interesting exhibition and conference on the care of the consumptive, on mental nursing, and on maternity nursing. The exhibit included everything known to modern science and ingenuity in the most approved care of these three classes of patients, and appropriate lectures were given and discussions held by experts on these lines. Among the exhibits were fifteen articles designed and invented by nurses. The meetings were most successful, interesting, and instructive.

THEY seem to have had a very bad time at the Nurses' Hostel in London, which is much to be regretted. The difficulties arose over the telephone service and the nurses' calls, for, while all calls and messages were claimed to be given to residents, the hostel did not undertake to carry on the directory business as a regular directory would do. The situation appears to have been aggravated by dictatorial methods on the part of the directors, and the lesson seems to be that only in proper regard for the rights and the personality of all is successful coöperation founded.

THE *Assistance publique* is about to build on vacant land near the Salpêtrière a school for nurses, in which young women of good character and education will be trained on the English plan. The training will last three years. Almost next door to this institution will be built the new hospital of La Pitié, so that the student-nurses will have a field of labor close at hand. Seventy-five probationers will be received each year, and, for the first two years, residence in the school will be required. The experiment is the outcome of visits paid to England by French physicians, who are enthusiastic over the devotion and skill of the British nurses.

NONE are occupying themselves more definitely with practical educational questions than the Australians. They now have tests to prove



the technical fitness of matrons, and are going seriously into the domestic study problem. Miss Glover says:

The time will come when every hospital kitchen will be put in charge of a sister, just as a ward is now, and no matron will be appointed but those who are certificated housewives, as well as certificated nurses. The domestic probationer will be as important in her way as a nursing "pro," and then hospital management will take its proper position in the education of the nurse. These changes will come gradually, but the young nurse will do well to fill up her time before going into a general hospital by taking up these extra subjects of domestic economy, hygiene, sanitation, and, last but by no means least, dietetics and cookery.

DR. ALICE L. ERNST, who superintends the Mary S. Ackerman Hoyt Hospital at Jhansi, U. P., India, writes:

We have recently broken our record in the number of patients who have come to us for medical help. Fourteen of them were obliged to find accommodation on the verandas of the hospital, as our beds in the wards were not sufficient for the number.

We have engaged a most capable native medical assistant, Miss Catherine James, who occupies furnished quarters in our commodious "Nurses' Home." Her salary is to be three hundred dollars a year, but she is fully worth this, as we have employed her in the past and know that she is to be depended upon. She is such an earnest Christian that she will be active in the spiritual part of our work.

We need her support that she may be our permanent assistant. There surely must be some child of God at home who will assume this salary, that we may secure such an important helper in our medical work?

PROBABLY no article written by a nurse has ever had more widespread interest shown in it, or been more widely translated, than Miss Isla Stewart's paper on the Twentieth Century Matron, which was read a year ago before the Matron's Council. It has been eagerly seized on by progressive nurses in all the countries where the Matron is either non-existent or of limited powers, and has been translated into French, German, Danish, and Dutch. The countries where it has been taken most matter-of-factly are those where matrons have already been developed on the lines she pictured, but it will undoubtedly have an immense influence in assisting the growth of a model leadership in the new nursing schools of conservative countries, where the rightful position and proper authority of the matron have been jealously pruned down almost to nothing.

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"If a man does not make new acquaintances as he advances through life, he will soon find himself left alone. A man, sir, should keep his friendship in a constant repair."—*Johnson*.



## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

### A LETTER ON THE STATE REGISTRATION OF NURSES

DEAR EDITOR: As state registration of nurses is slowly but surely making its way through all these United States, I hope it is not too late to say a word in behalf of our sisters who specialize in the care of nervous diseases.

We all know how necessary in difficult cases of hysteria and in all forms of acute nervousness specially trained nurses are, not only to care for the patient, but also to protect the other members of the family from a similar invasion. If typhoid fever requires a trained nurse to care for the patient and prevent the spread of the disease, how much also does the patient require it who suffers from any acute form of nervous disorders.

In cases of typhoid fever the disease develops, as far as the contagion is concerned, much the same, or with little variance. Knowledge of the particular form of germ life which causes the disease makes it possible to give specific treatment; and if the family is cautioned by the physician as to the location of the germs, and is given instructions as to the disinfection and disposal of the excreta, we can imagine that even without the services of a trained nurse the disease need not necessarily be spread, if the family is intelligent and careful. Not so with any acute form of nervousness, which is more contagious, more slow to develop, more varied in form, and more difficult to cure.

Because the cause or germs of nervousness have never been developed in a laboratory or viewed under a microscope, and because they do not often prove fatal, is no ground for argument either against the contagion or the dreadfulness of the condition; for who has been in the presence of a case of acute nervousness for twenty-four hours, and not felt the contagion, and who would not rather have, if the choice were given her, some form of illness that would develop quickly, than years of continued suffering, which is none the less severe because much of it is imagined! As contagious as happiness are the contaminating rays of nervousness, therefore how much more difficult is the problem since we have no tangible cause of infection to deal with.

Statistics tell us all too plainly that nervous breakdowns are becoming more and more frequent, and these afflicted persons need careful and intelligent nursing just as much as the patient suffering with a broken leg or with typhoid fever.

Said Dr. Weir Mitchell, in his lecture to nurses on March 17, 1902: "It is indeed here that we need nurses. The nurse sent out from the large general hospital is next to useless in hysteria and difficult rest cases; we have to complete their training, with great risk to the patient."

Nurses who are not specially trained to care for the nervous are apt to think that one form of treatment is as good as another, if only they can "get on," so to speak, with their patient. Now those who are specially trained recognize other things just as necessary as "getting on" with their patient. How can the nurse with one lecture and no experience be expected to report on a condition the symptoms of which are as many as the sands of the sea, and which are individually so trifling, and collectively of such great importance, or how can this same nurse be expected to discriminate between what is physical and real, and that which is psychical and imaginary?

So much for the necessity of specially trained nurses for the care of the nervous. Now in what are these nurses trained?

They are trained not only to observe the temperature, pulse, and respiration of the patient, together with the other physical functions of the body, but to observe and report intelligently the symptoms which determine nervous or mental diagnosis, for it is often quite impossible for some physicians, if the patient is outside of a hospital, to make any diagnosis from an occasional half-hour's visit.

They are trained to administer many forms of mechanical treatment, such as the giving of hypodermics, infusions, enemata, douches, catheterization, cupping, the making and application of fomentations, poultices, bandages, mechanical feeding, etc.

They are well trained in massage and gymnastics, and must know something of hydrotherapy, electricity, and the application of the same. They are also trained in anatomy, physiology, hygiene, thermometry, materia medica, asepsis, dietetics, and domestic science.

They are lavishly given instruction in the theoretical care of physical diseases and their possible complications, because they do not come in contact with many of them, and it must be remembered that all forms of nervousness, primarily, were but symptoms of some long disordered and neglected physical condition.

Now why is it that a nurse, after graduating from the above studies and receiving a diploma certifying that she is specially competent to care

for this growing malady, as well as having a fair knowledge of general nursing—why is it, I ask, that she is not eligible for state registration? Or, if she chooses to add to her present training six months of special study in obstetrics, she is still not eligible for state registration? Is it because the science of nursing is not broad enough to take in all branches of scientific care of the sick?

Shall the state say to this nurse, "You nurse the lungs, therefore I will recognize you;" and to another, "You nurse the nerves, therefore I recognize you not?" Are they not both of one body? Is one of less consequence than the other? Does not the whole body suffer if any part of it is afflicted? If such be the case, and the state does not wish to recognize all branches of the work, would it not be well to make the distinction between acute and chronic diseases, and then make known to the public that only those who nurse acute or chronic diseases, as the case may be, are to be registered, and the others are not? We would then know where we stand.

Cannot the state trust the nurse as she does the physician? The young physician graduates with only a limited practical knowledge of general diseases, but the state permits him to register at once, and rarely is he fitted to practise in all branches of medical science. Before he is competent to specialize, he gives years of continued study and practical application. Many of the diseases for which he is permitted by the state to prescribe, he has never seen. He has only his theoretical knowledge; and of what use would all his knowledge be if he were ever so skilled and could not call himself "Doctor," or was not recognized by the state? Just so with the nurse.

The nurse who graduates from the above studies has her theoretical knowledge of general practice, and is also specially trained in one or more branches of her work. Is it expected that the nurse specially trained, if she is allowed the privilege of state registration, will rush to those cases for which she is least fitted? Are those nurses who are supposed to be eligible for state registration equally well trained in all branches? Are they fitted for every call? Are they all uniformly competent? If not, the state must trust them not to take cases for which they are not qualified, if qualified nurses can be found.

If state registration for nurses is to protect the public, should not all the public be protected? Why protect the patient suffering with pneumonia from incompetent care, and not protect the patient suffering with neurasthenia?

Let the state protect all classes and shield every individual. Let us at least have no class discrimination. Are we not all fitly joined

together for the one purpose of uplifting or relieving suffering humanity? "There are many gifts, and there are differences of administration, but the same spirit worketh in all."

"We are not here to play, to dream, to drift.

We have hard work to do and loads to lift.

Shun not the struggle; face it. 'Tis God's gift."

M. E. YOUNG,

Graduate of Butler Hospital Training-School for Nurses, Providence, R. I., Class 1900.

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DEAR EDITOR: The subject of catheterization of male patients comes up from time to time. I have had a good deal of that sort of thing to do. My preparations are the same as for any catheterization. Before folding the blankets down, I place a sterile towel over the patient, then roll the covering just below the pubis. This can be done without removing the towel. I again prepare my hands, and can easily arrange the towel so that there is no exposure of the patient.

Very truly,

M. L. O.

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DEAR EDITOR: Your editorial on catheterization of male patients, in the November JOURNAL, has aroused within me a spirit which, like that oft-quoted ghost, "will not down," and I am moved to add my testimony in this grave matter.

To the nurse trained in the modern general hospital, in any of our large cities, where there is a staff of male nurses or well-trained orderlies, it is almost beyond belief that there are hospitals in existence where the catheterization, bladder irrigation, etc., of male patients, by the pupil nurses is routine practice, and yet such is the case. There are many hospitals in the land in which young women are compelled to perform these offices for patients who are not only not unconscious, but often not seriously ill, and in spite of all that has been said about "the professional attitude," "the elimination of the personal equation," "the purity of all things to the pure," etc., I firmly believe that no young woman (and it is a deplorable fact that in the schools where such practice is countenanced the age limit is always low) can do these things without tarnishing her womanly purity. The bloom is rubbed from her innocence, and no compensating strength given, as is the case when a nurse faces a crisis and sacrifices personal feeling in the interest of her patient—and when this

crisis comes no true woman will be deterred by false modesty from doing everything in her power to aid in relieving suffering.

The responsibility for this state of things rests largely with the superintendent of the training-school. She it is who must educate her medical staff and board of directors to the point of seeing that what is bad for the morals of the nurse is equally bad for the patient, and not conducive to the best good of the institution.

True, she may not be able to control conditions, but she can create a sentiment and start some thinking in the right direction, which is something gained. To fully correct any such abuse, she must have the support of all the representative nurses in her community. There is at least one case on record where the superintendent, on protesting against an objectionable order, received this reply: "Very well, if your nurses cannot do all I require for my patients, I will take them to ——— Hospital. The nurses there are not so squeamish." In this case there were house doctors and male nurses in the hospital. In the institution where the welfare of the nurses received the proper consideration, the doctor who made such demands would be allowed, even requested, to take his patients elsewhere, but, unfortunately, such a happy state of things is not universal. The superintendent who has the stamina to stand against such abuses is worthy of our highest honor, and we should feel it a privilege to be able to help her in waging the good fight. May she win with colors flying!

HELEN W. KELLY.

[When we read Dr. Muren's paper, showing the great proportion of men of all classes, high and low alike, who are suffering from venereal diseases, can there be any question of the impropriety of requiring pupils in training to use the catheter upon male patients in our public hospitals?—Ed.]

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WHY do so few children between the ages of two and ten like vegetables? E. G.

IF a doctor is dismissed from a case, is the nurse on duty at liberty to leave also, if she were brought to the case by the doctor? E. H.



"HUMAN life is made up of two elements, power and form, and the proportion must be invariably kept if we would have it sweet and sound. Each of these elements in excess makes a mischief as hurtful as its defects."—Emerson.



## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

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### ANNOUNCEMENTS

MISS NELLIE M. CASEY, Secretary of the Nurses' Associated Alumnae of the United States, has been obliged to again change her address, which is now 2103 Chestnut Street, Philadelphia, Pennsylvania.

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### SPANISH-AMERICAN WAR NURSES

CAPTAIN JAMES S. PARKER, Quartermaster, U. S. Army, on duty in the War Department and in charge of Arlington, has issued the following statement in response to many inquiries regarding the burial of Spanish-American War Nurses in the National Cemetery at Arlington.

"I am directed by the Quartermaster General to inform you that in the event of the death of an Army Nurse whose remains it is desired to have interred in the Arlington National Cemetery, the remains, properly prepared for burial, should be consigned to the Superintendent of the Arlington National Cemetery, Fort Myer, Virginia, and the officer in charge of Quartermaster's Depot, 17th and F Streets, this city, who has immediate care of the cemetery, advised, at least twenty-four hours in advance, of the date and train upon which the remains are shipped, in order that a grave may be prepared.

"There is no government appropriation from which the expense of shipment of the remains to the cemetery could be paid. However, arrangements will be made to have the Department hearse meet the remains at the railroad station in this city and convey them to the cemetery free of charge, if so desired, in which event application therefor should be made to the above-named officer.

"In case military honors and the reading of services at the grave by an army chaplain are desired, separate request therefor in each case should be made of The Military Secretary of the Army."

LAURA A. C. HUGHES, M.D.,  
President Spanish-American War Nurses.

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### THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THE members of the Society are reminded that in accordance with Article III of the by-laws, adopted at the last annual meeting, dues are payable on January 1st to the treasurer, Miss Anna L. Alline, 132 Lancaster Street, Albany, New York. Please note change of address.

GEORGIA M. NEVINS, Secretary.

THE NEW YORK EXAMINATION

THE New York State Examinations begin January 29th, and last four days. Candidates should send at once for the necessary papers to the Examinations Division, Education Department, Albany, New York.

JANE ELIZABETH HITCHCOCK,  
Secretary Board of Nurse Examiners.

STATE MEETINGS

MASSACHUSETTS.—The Massachusetts State Nurses' Association held a meeting in Salem on November 21. A goodly number of nurses were present, in spite of the stormy weather. The chief object of the meeting was to bring the nurses in closer touch and sympathy with the work of the Red Cross Society, though state registration was not lost sight of.

After prayer by the Rev. Mr. Henry Bedinger, and a hearty welcome from Mr. T. G. Pinnock, Mayor of Salem, Miss Loring, secretary of the Massachusetts Branch of the National Red Cross Society, gave a brief history of that organization and of some of the work accomplished. She said that after twenty-five years of service it was found that the organization was not strong enough, so it was reorganized, and is now under strict national supervision. The need of nurses for the Red Cross work was pointed out, and rules for enrolment given. A motion by Dr. Hughes, that a committee of five, of which Miss Riddle was to be chairman, be appointed to confer with the Massachusetts Branch of the Red Cross Society, was seconded by Miss Drown and carried unanimously. Dr. Hughes spoke of the work of the Boston Society of Red Cross Nurses, which was organized in 1899.

Mr. G. H. Jackson, a member of the legislature, spoke on state registration. He said the public think we are trying to form a labor organization, and make it impossible for any one but a registered nurse to do nursing, and urged us to disabuse them of this idea. He also urged us to be cheerful and courageous and to struggle on, for he was sure success awaited us.

The Rev. Mr. Henry Bedinger said his advice to us was, "Keep at it," and cited the case of the poor widow and the unjust judge. He said that with a *just* legislature we would be successful if we were persistent. Mr. Bedinger also gave a very interesting account of the work done in St. Luke's Hospital, Tokio, Japan. This is one of the best equipped hospitals in the orient. He urged nurses to lead consecrated lives; spoke of the Guild of St. Barnabas; and said all work was noble if done in the right spirit.

At the close of the meeting refreshments were served and a social hour enjoyed by all.

Miss Julia Leach, superintendent of the Salem Hospital, was chairman of the committee on arrangements.

ESTHER DART, Secretary.

NEW JERSEY.—The New Jersey State Nurses' Association held its fifth annual meeting in the lecture hall of the Central Baptist Church, Elizabeth, N. J., on Tuesday, December 4, 1906. An address of welcome was given by the pastor of the church, Rev. H. Tomlinson, and responded to by the president, Mrs. d'Arcy

Stephen. The chief speaker was Dr. Norton L. Wilson, who was scheduled to speak on "Legislation for Nurses from a Medical Standpoint," but called his subject a "plain, practical talk to nurses," and kept to these lines. Ex-Governor Foster M. Voorhees had expected to speak on "Legislation for Nurses from a Legal Point of View," but was unfortunately prevented by his own legal business from being present. After the usual business of minutes and reports had been heard, Miss Irene Fallon, chairman of Ways and Means, gave extracts from the bill which is under consideration, to be presented at the next session. It being still incomplete, it was not given as a whole, but enough to show the points which had been reconsidered since the last special meeting in June. She was asked to retain the chairmanship for the ensuing year, and was also asked to head committees on revision of by-laws, and the organization of district nurses in towns not yet covered. A committee was also formed for the purpose of considering a state pension fund for nurses, when disabled by age or infirmity or such causes as prevent any further active service. The various laws pertaining to each state make a national pension fund somewhat dubious, but it is thought that each state, through its association, might undertake such a fund. The election of officers was as follows: Mrs. d'Arcy Stephen (re-elected), president; Miss Ellen Connington, Elizabeth General Hospital, first vice-president; Miss Charlotte Evans, Camden, second vice-president; Miss Emma Young (re-elected), Newark, secretary; Miss Margaret Squire, Orange, treasurer; Ways and Means Committee, Miss Irene Fallon, Mt. Holly; Membership Committee, Miss Olive Z. DeLany, Plainfield; Printing Committee, Miss Sarah Coomber, Orange; Nominating Committee, Miss Bertha Gardner, Newark.

A social hour was much enjoyed at the close of the meeting, as the association were the guests of the graduates of the Elizabeth General Hospital. The meeting next year will be held in Orange.

EMMA YOUNG, Secretary.

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NEW HAMPSHIRE.—The regular quarterly meeting of the Graduate Nurses' Association of New Hampshire was held December 10, 1906, at the City Hall, Manchester.

It was voted to bring the registration bill for nurses before the legislature of 1907.

B. M. TRUESDALE, Corresponding Secretary.

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MICHIGAN.—The meeting of the executive board of the State Association was held at the U. B. A. Hospital, Grand Rapids, December 12, the entire board being present. The most important feature of the meeting was the summing up of the work of the local legislative committees which were appointed for the purpose of securing the coöperation of the legislators and the public generally in the interests of state registration. The entire state has been thoroughly canvassed, and the enthusiastic reports were very gratifying.

Mr. George E. Luther and Mr. C. F. Schneider, of Grand Rapids, who are acting as advisory committee in the legislative work, addressed the meeting, and are to confer with the Legislators at Lansing in the future interests of the bill.

Miss Agnes G. Deans, of Detroit, was appointed delegate to the Nurses' Associated Alumnae, to be held in Richmond. Miss Mary C. Haarer, of Ann Arbor, was appointed as alternate. The local legislative committee, of which Mrs. Kate Macdonald is chairman, gave a dinner Tuesday evening at the Hotel Paulhind, in honor of the president, Miss Sly.

Miss Barrett, superintendent of U. B. A. Hospital, gave an elaborate luncheon in honor of the members of the board.

The annual meeting will be held in Battle Creek, June 4th, 5th, and 6th, 1907.

**ILLINOIS.**—At the annual meeting of the Illinois State Association of Graduate Nurses, held November 14, 1906, in Masonic Temple, Chicago, the following officers were elected: President, M. Helena McMillan; first vice-president, Mary Forbes; second vice-president, Katherine Bowlin; secretary, Bena M. Henderson; treasurer, Jessie P. Scott.

The monthly meeting of the Illinois State Association of Graduate Nurses was held December 12, 1906, in the Masonic Temple, Chicago.

Twenty-five applicants, indorsed by the credential committee, were elected to membership.

Dr. V. H. Podstata, superintendent of the Illinois Northern Hospital for the Insane, at Elgin, addressed the nurses on training in mental diseases. He outlined his plan for the establishment of training-schools in hospitals for the insane, and hoped for coöperation and assistance from general training-schools.

Miss Caroline Seidensticker, chairman of the legislative committee, read the bill for state registration for nurses, as prepared by the committee. It was endorsed by the association, and will be presented at the next meeting of the State Legislature.

Throughout the winter months the association will hold monthly meetings.

BENA M. HENDERSON, Secretary.

**KENTUCKY.**—The Kentucky State Association of Graduate Nurses was organized and held its first annual meeting November 27th and 28th, at the John N. Norton Memorial Infirmary, Louisville, Kentucky. The association was addressed by the following: Invocation and address, Bishop Woodcock; address of welcome, the Mayor; address, Mrs. Charles Bonnycastle Robinson (president of Woman's Club); address, Dr. J. M. Mathews, president of the Kentucky State Board of Health.

The members were most fortunate in having present Miss Sarah E. Sly, president of the Michigan State Association, and interstate secretary.

The following officers were elected: President, Miss Nellie Gillette, Louisville; first vice-president, Miss Mary R. Shaver, Lexington; second vice-president, Mrs. Ella Green Davis, Owensboro; recording secretary, Miss Susan Belle Porter, Louisville; corresponding secretary, Miss Annie E. Rice, Louisville; treasurer, Mrs. Henry E. Tuley, Louisville; chairman standing committees,—Ways and Means, Miss Katherine Dear, Louisville; Credentials, Miss Ida Beckman, Louisville; Nominating, Miss McCann, Lexington; Arrangements, Miss Amelia Milward, Lexington; Publication and Press, Miss Clara Leon, Louisville.

Over sixty-five members were enrolled the first day. The convention adjourned, to meet in Lexington in 1907. A skating party was given the visiting nurses, followed by a reception at the Nurses' Home.

SUSAN BELLE PORTER, Recording Secretary.

DENVER.—The Tenth Colorado State Conference of Charities and Corrections met in the Woman's Club Building on December 9th, 10th, and 11th, 1906. Among the papers and discussions were: "The Bearing of Medical Prophylaxis upon Charities and Correction," by Dr. R. W. Corwin, president of the Conference; "The Need of a State Conference of Charities and Correction," by Dr. W. S. Friedman, president State Board of Charities and Correction; "The Function of the Professional Psychologist in the Organization of Work for the Discovery and Treatment of Mentally Retarded Children," by Dr. Leightner Witmer, of University of Pennsylvania; "The Protection of Children," by Dr. Eleanor Lawney; "The Necessity of a School for Feeble-Minded Youth," by Mr. W. K. Argo, superintendent School for Deaf and Blind, Colorado Springs; "The Relation of the Church to Social Questions"—Symposium: Rev. Dr. B. B. Tyler, The Unemployed; Rev. Dr. Geo. B. Vosburgh, Capital; Rev. Fr. Wm. O'Ryan, Labor; Mr. E. L. Scholtz, "Paying the Bills of Charity;" "The Rights of Children;" Mr. E. K. Whitehead, secretary Colorado Humane Society, "The Prevention of Delinquency;" Judge B. B. Lindsey, "The Paroled Child." One evening was given up to the subject of state and municipal control of tuberculosis. Dr. Henry Sewall spoke upon the subject, "What Can the City Do to Prevent the Spread of Tuberculosis?" Dr. A. S. Taussig: "What Can the Medical Profession Do to Prevent the Spread of Tuberculosis?" and Dr. William Beggs: "What Can the Patient Do to Prevent the Spread of Tuberculosis?" The discussion was opened by Mrs. Seraphine Pisko, secretary of the Conference, and continued by Miss Florence Smithwick, superintendent of the visiting nurses of Denver.

#### HOSPITAL ECONOMICS COURSE

A VERY keen appreciation of Miss Alline's unflinching and unselfish interest in the Hospital Economics Course, of which she has been lecturer in charge for some seven years, makes us report her resignation with much regret.

The selection of a woman whose professional experience has been supplemented by these years in one of our universities for a position of such far-reaching possibilities as that of State Inspector of Training-Schools we cannot fail to recognize as eminently fitting.

We rejoice in the appointment, however, not only as evidence of the value the state places upon our more advanced course, but because it has placed in this position a woman of such integrity and such devotion to her profession.

Miss Alline's association with the class was of such an intimate nature, and to the chairman her assistance was so invaluable, that her absence cannot fail to be deeply felt; but she has so carefully arranged the work for the remainder of the year that the students now taking the course will not suffer any actual loss.

Miss Anna Hedges, who is completing her second year, has kindly consented



to assist in the general supervision, and Dean Russell has made it possible to carry on certain other courses very satisfactorily.

I would beg to call attention to our need for donations to defray the current expenses of the work. In the report in the November issue, Miss Alline (this report was prepared by Miss Alline and only endorsed by the chairman) calls attention to the fact that such sums as have been received were for the endowment fund, and that our fund for the current expenses is therefore unusually low.

ANNIE W. GOODRICH, Chairman.

# REGULAR MEETINGS

**PHILADELPHIA.**—On Saturday, November 17, a meeting of the Alumnae Association of the training-school for nurses of the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases was held at the Nurses' Home. A large number of the members were present, it being the annual election of officers. The room in which the meeting was held and the adjoining reception-room, in which refreshments were served towards the close of the programme, were both beautifully decorated with flowers and potted plants.

At three P.M. the president, Mrs. H. P. Boyer (an honorary member), called the meeting to order. The secretary then read the minutes of the last meeting, and called the roll.

The committees reported as follows:

**Eligibility.**—Miss S. M. Murray, chairman, proposed five new names for membership, all of whom were accepted by unanimous vote.

**Visiting.**—No report.

**Nominating.**—Miss B. E. Lockwood, chairman, reported that she had been appointed by the president as successor to Miss Roberts, resigned. This committee had prepared the ballots and had sent one to each member prior to the meeting for the annual election.

**Auditing.**—Miss Blanche E. Lockwood had examined the treasurer's account, and had found it to be as stated.

Other reports received were from Mrs. Gallagher, treasurer, and Miss Marie T. Lockwood, the delegate to the ninth annual meeting of the Associated Alumnae at Detroit. Miss Sara M. Murray reported from meetings of state association.

The secretary read a letter from Mr. Charles Sinkler, in which he proffered his assistance to the association at any time it might be required. Mrs. Boyer announced that Mr. Pearson had been secured to give lessons in parliamentary law twice monthly, the first lesson to be given for the association at the Nurses' Home Saturday, December 1.

Dr. S. Weir Mitchell then gave a pleasing and instructive address. After its close the business of the meeting was resumed. Misses Rose W. Scott and Emily S. Wilson were appointed tellers by the chair. The votes of the members were counted, and the result of the election was as follows: President, Miss Sara M. Murray; vice-president, Miss Margaret Wilson; second vice-president, Miss Rose W. Scott; secretary, Miss Marie T. Lockwood; treasurer, Miss L. M. Garrison; directors, Mrs. Agnes Johnson, Miss Blanche E. Lockwood, Miss Anna Adams Taylor, and Miss Eleanor B. Gillespie.

Miss Scott moved that the secretary send a record of these meetings to *THE AMERICAN JOURNAL OF NURSING* for publication, which motion was carried. A motion that the president be empowered to appoint a treasurer in case the newly elected officer was unable to accept the office was also carried.

A bountiful luncheon of chicken salad, olives, bread and butter, ice cream, and cake, was served before the adjournment of the meeting.

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BALTIMORE.—The last regular meeting for 1906 of the University of Maryland Nurses' Alumnae was held in the University Hospital, Monday, December 3, at four P.M. The attendance was unusually large, the annual meeting always being regarded as the most important as well as most interesting of the year. Reports for the year were submitted. Twelve new members (class 1906) had been admitted, making the membership one hundred and twelve.

The following officers were elected to serve during 1907: President, Miss M. E. Rolph; first vice-president, Miss V. C. Weitzel; second vice-president, Miss N. H. Ferrell; secretary, Miss E. S. F. Featherstone; treasurer, Mrs. Nathan Winlow; members, Misses M. E. Bradbury and Frances Roby.

After adjournment, through the courtesy of Miss Flanagan, superintendent of University Hospital, refreshments were served, and a social half-hour enjoyed.

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NEWARK, N. J.—The regular meeting of the Newark City Hospital Alumnae Association was held at the Nurses' Club, 295 High Street, November 27, at three P.M. There was a large attendance.

The president, Miss Emily Jones, opened the meeting. The business of the association was quickly attended to, as every one was anxious to take part in the birthday tea which followed, it being the twelfth anniversary of the association.

The guests were received by Miss Dexter, who is chairman of the social committee, assisted by Miss O'Hara, Miss Bell, and Miss Zimmerman. Mrs. Hough, of New York, dispensed tea, while Miss Jones had charge of the chocolate pot.

The table was most attractive, with green shaded candles and American Beauty roses, the chosen floral emblem of the school. During the afternoon and evening the house was filled with callers.

The new Nurses' Club promises to be a great success. As it is the only one of its kind in the city exclusively for graduates of the school, it should be well patronized.

The next regular meeting of the association will be held in February.

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NEW YORK.—The regular monthly meeting of the Association of Graduate Nurses of Manhattan and the Bronx was held on December 16, at the Women's Municipal League, 19 East Twenty-sixth Street. A fair number of the members were present.

Miss Alice P. Lyon, a graduate of the Brooklyn Homoeopathic Hospital, and a Spanish-American War nurse, was elected to membership. Miss Marie Denahy has entered the Army Nurse Corps, and is now on duty in the General Hospital, Presidio of San Francisco.

A new membership committee was appointed, consisting of Mrs. M. T. Brookway, Miss L. Nicolai, and Mrs. Wilkinson.

The article in the by-laws on membership was amended, whereby a nurse applying for membership, if she has received her certificate of registration and is otherwise eligible, may be admitted to membership at the first regular meeting after her application has been favorably passed upon by the membership committee.

A motion was put and carried that Miss Anna L. Alline, of the Hospital Economics course at Teachers' College, be sent a note of congratulation on her appointment to the position of Inspector of Schools for Nurses.

The report of the delegates to the meeting of the New York State Nurses' Association was read. Dr. Prince A. Morrow sent a notice of the meeting of the American Society of Sanitary and Moral Prophylaxis, to be held December 13, and invited any nurses interested in such work to be present. The subject for discussion: "Public School Instruction in the Physiology and Hygiene of Sex."

The meeting then adjourned to the tea room, in the same building, where afternoon tea was served.

The next meeting will be held at 19 East Twenty-sixth Street on Monday, January 14, at four P.M. Nurses who are graduates of out-of-town schools are invited to attend.

CHICAGO.—At the November meeting of the Passavant Alumnae Association, Chicago, the following officers were elected: President, B. D. Hamilton; vice-president, Wilhelmina Retkie; secretary, Caroline Dentzer; treasurer, Anna Person.

In the evening Miss Eldridge gave a very interesting address on the subject of state registration.

QUEENS AND NASSAU.—The annual meeting of the Association of Queens and Nassau Counties, New York, was held at the Jamaica Hospital, Jamaica, Long Island, early in November. The following officers were elected for the ensuing year: Mrs. Eldora E. Ward, president; Miss Mabel Johnson, secretary; Miss Caroline B. Scott, treasurer.

RICHMOND, VA.—The graduates of the Richmond Memorial Hospital have organized an alumnae association, with Miss Mattie Ballou, president; Miss Mary Linty, vice-president; Miss Augusta Meyer, secretary; Miss Mary Balmer, treasurer. Only registered nurses are considered for membership.

INDIANAPOLIS, IND.—The annual meeting of the Nurses' Alumnae Association of the Indianapolis City Hospital Training-School for Nurses was held in the Y. W. C. A. parlors Tuesday, November 6, at 2.30 P.M. The following officers were elected for the ensuing year: President, Miss M. D. Currie; first vice-president, Miss Cora McLane; second vice-president, Miss Sara Cook; secretary-treasurer, Mrs. Anna R. D. Hazelrigg.

After a short business programme, a general discussion ensued. The next meeting will be in January.

ROCHESTER, N. Y.—At the last meeting held by the R. C. H. A. A. in October, the following officers were elected for the ensuing year: President, Miss Knowles; first vice-president, Miss Theilan; second vice-president, Miss Fisher; recording secretary, Miss Cathro; corresponding secretary, Miss Parnell; treasurer, Miss Kennedy; advisory member, Miss Hollister.

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PHILADELPHIA, PA.—The Alumnae Association of the University of Pennsylvania held its regular monthly meeting December 3, 1906, at three o'clock, in the Nurses' Home. Routine business was transacted, after which the Alumnae entertained the graduating class of nurses of 1906 at an informal "tea." Coffee, sandwiches, ices, and cakes were served, and all present said they had spent a pleasant afternoon.

Besides the class, we were glad to have with us Miss Smith, superintendent of the hospital; Miss Whiton, superintendent of nurses; Miss Rindlaub and Miss Hayes.

By a vote of the Alumnae, at a previous meeting, the annual dues have been increased to five dollars (\$5.00), thus insuring to every member *THE AMERICAN JOURNAL OF NURSING* for the year. This will go into effect next June, and will begin with the October, 1907, issue of the *JOURNAL*.

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GRAND RAPIDS, MICH.—The graduates of Butterworth Hospital, Grand Rapids, organized an alumnae association November 12, with a large number of charter members. Officers elected: President, Miss Mabel Morhous; secretary, Miss Jennette Boer; treasurer, Miss Bertha Stauffer.

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NEW YORK.—The German Hospital Alumnae Association held their monthly meeting on December 4th, in the lecture hall of the institution. The following officers were elected for the next two years: President, Bianka Fritsch, 508 East 79th Street; vice-presidents, Miss Bertha Rahm, Miss El. Lindheimer; secretary, Mrs. Anna Ellbrecht-Russ, 532 East 86th Street; treasurer, Miss Gustava Sillico, German Hospital, East 77th Street; Executive Committee: Miss E. Duensing, Miss A. Bredelwort, Miss T. Koernische, Miss A. Brookmann, Miss E. Mirsalis, Miss B. Rahm.

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YONKERS, N. Y.—A quarterly meeting of the Graduate Registered Nurses' Association, of Westchester County, was held at "The Lodge," St. John's Riverside Hospital, Yonkers, on Tuesday afternoon, December 11th. The meeting was fairly well attended, there being some nurses from towns outside of Yonkers, but not as many as might be expected to attend a meeting of this kind. There was considerable routine work, regarding constitution, by-laws, etc., to be settled up at this meeting, but later the committee expect to have some interesting papers contributed by the members. One new member was admitted: Miss Annie Moore, superintendent of the hospital.

After the meeting the nurses enjoyed hearing several Christmas songs by the wonderful boy soprano, Master George Craven. Refreshments were then served by the social committee. It is to be hoped that a greater number of out-of-town nurses will attend the next meeting.

**MINNEAPOLIS.**—The Alumnae Association of St. Barnabas Hospital, Minneapolis, Minnesota, held its monthly meeting on December 4th, in the assembly room of the training-school, Mrs. Roberts in the chair. A large number attended, and much interest was shown in work accomplished and in the various propositions for the future. At the close of the meeting, Miss Hartry, superintendent of nurses at St. Barnabas Hospital, served tea, being assisted by several "pledglings." Members of the training-school provided music.

**WASHINGTON, D. C.**—The fair held by the Graduate Nurses' Association of the District of Columbia, the afternoon and evening of Tuesday, December 11th, at the Victoria, was well attended and proved most successful. The chief object in holding the fair was to raise fifty dollars, to add to fifty dollars already in hand, to give to the National Associated Alumnae for the purchase of a share of stock in THE AMERICAN JOURNAL OF NURSING. Two hundred and fifteen dollars were realized in all, and the remaining sum was given to the Central Registry, established December 1 by the Graduate Nurses' Association of the District of Columbia at the Vivans, 1723 G Street, N. W.

#### PERSONALS

**Miss LOTTIE LAWSON**, class of 1906, Toronto General, has been appointed head nurse, Free Sanitarium for Consumptives, Gravenhurst, Ontario.

**Miss LUCY HURLBURY**, class of 1905, Toronto General, has been appointed lady superintendent of the Freemason's Hospital, Morden, Manitoba.

**Miss BELLA J. FRASER**, of Albany, has been appointed a member of the Nurses Board of Examiners, to fill the vacancy caused by the resignation of Miss Alline.

**Miss CARRIE BOWMAN**, Toronto General, late lady superintendent of the City Hospital, Hamilton, has been appointed lady superintendent of the Portage La Prairie Hospital.

**Miss SNIVELY**, superintendent of the Toronto General Hospital Training-School, will be at home to her graduates on the first Tuesday evening in each month, during the winter.

**Miss M. WINIFRED AHN**, of the Boston City Hospital (class of '04), has been appointed superintendent of the training-school at the Bridgeport General Hospital, Bridgeport, Connecticut.

**Miss MARY HYDE**, lady superintendent of the Dauphin Hospital, Manitoba, Toronto General, was married in August last at her home in Ireland, to Mr. John McCollum, of Dauphin, Manitoba.

At the annual meeting of the Toronto General Hospital Alumnae Association, Miss Lucy Bowerman was elected president; Miss Alice E. Stewart, secretary; and Miss Mareb Allen, treasurer, for the year.



MISS LOUISE BRENT, superintendent of the Hospital for Sick Children, Toronto, left for California on Tuesday evening last. Miss Brent will take a prolonged holiday. She is not expected to return until after the New Year.

UPON the occasion of Miss Anna L. Alline's resignation from her position as instructor in Hospital Economics at Teachers' College, the members of the class, with some of the graduates of past years, presented her with a handsome desk set.

THE graduate nurses of Toronto, i.e., all nurses resident in Toronto, have formed a Social Club. The first meeting was held in the Temple Building on November 22d. Recitations were given and refreshments served. About seventy nurses were present.

MISS MARY MCISAACS, Toronto General, has been appointed lady superintendent of the General Hospital, Edmonton, Alberta. She will enter upon her duties December 16th. Miss Lillian Sargent, Toronto General, has been appointed assistant in this hospital.

MISS SARAH L. EARNHART, superintendent of the Home and Retreat, Lynchburg, Virginia, will return to her duties January 1, 1907, after an absence of seven months, which time has been divided between her home in Roanoke and an extended northern trip.

MISS AGNES BALDWIN, Toronto General, has resigned her position as lady superintendent of the Polytechnic Hospital, New Orleans. Miss Mary McGibbon, Toronto General, formerly assistant in the same hospital, has been appointed to the position vacated by Miss Baldwin.

MISS HELEN MELLEVILLE, missionary nurse in West Central Africa, Toronto General, is at present doing a great work in this field. She is not only engaged in teaching, but for the last three years has had entire charge of the medical work in that district as well, no doctor having been at work in this state for that length of time.

MISS MARGARET RYAN, St. Joseph Hospital, Chicago, has taken the position of superintendent Hotel Dieu Hospital, Englewood, Chicago, Illinois, and Mrs. Wright, after finishing the Hospital Economics Course at Columbia University, New York, has accepted the position of superintendent of Berkley Hospital, Oakland, California.

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#### BIRTHS

ON November 1st at Toronto, Ontario, a son to Mrs. W. Frank Pluves. Mrs. Pluves was Miss Ethel Burns, class 1903, S. R. Smith Infirmary.

ON September 26th, at Elizabeth, New Jersey, a daughter to Mrs. J. Howland Bigley. Mrs. Bigley was Miss Alice King Suydam, class 1903, Johns Hopkins Hospital, Baltimore, Maryland.

# MARRIAGES

Miss HELEN SHOEMAKER (class 1905, Passavant Hospital, Chicago) to Mr. Morgan Cressman, November 7, 1906.

IN Brooklyn, October 8th, Miss Janet Irving, class 1906, S. R. Smith Infirmary, Staten Island, to Mr. Robert Bonn, of Brooklyn.

IN Toronto, Ontario, December 12th, Miss Margaret Gordon, class 1901, S. R. Smith Infirmary, S. I., to Mr. Robert Boyle, of Thessalon, Ontario.

ON November 28, 1906, Miss Nellie H. Hilliard, class 1905, University of Maryland, and Dr. L. C. Covington, of Rocky Mt., North Carolina.

IN New York City, December 5th, Miss Sarah A. Shufeldt, class 1905, S. R. Smith Infirmary, to Mr. Fletcher Decker, of Princess Bay, Staten Island.

IN Franklin, Indiana, Miss Florence De Pue to Mr. Griffith. Miss De Pue was graduated from the Indianapolis City Hospital Training-School for Nurses in the class of 1901.

AT North Yakima, November 8, Miss Grace Duncan (class 1905, Passavant Hospital, Chicago) to Dr. Albert Lessing. Dr. and Mrs. Lessing will make their home in Seattle, Washington.

IN Indianapolis, July 3, 1906, Miss Mary H. Paris to Mr. Charles E. Lewis. Miss Paris was graduated from the Indianapolis Flower Mission Training-School for Nurses, in the class of 1887.

EARLY in July, Mattie Pettite Thomas (class 1904, Passavant Hospital, Chicago) to Mr. J. C. Jones. Mr. and Mrs. Jones will make their home in Greensboro, North Carolina.

AT Staten Island, New York, October 10th, Alice Augustus Massa to Mr. Richard E. Whitney. Miss Massa was graduated from the S. R. Smith Infirmary Training-School, class 1904.

ON November 21st, at Halifax, Nova Scotia, by the Rev. Thomas Fowler, Etta Bruce Bryans, Toronto General, to Dr. William Honeywell, of Hunter River, Prince Edward Island. Dr. and Mrs. Honeywell will reside in Cuba.

ON November 29th, at Topeka, Kansas, Miss Idora Rose, late superintendent of the Illinois Training-School, Chicago, to Mr. Joseph Whitefield Scroggs. Mr. and Mrs. Scroggs will make their home at Kingfisher, Oklahoma.

IN Richmond, Virginia, November 21, Miss Mattie Ballon to Honorable David Bell, of Enfield, North Carolina. Miss Ballon was one of the first class to graduate from the Richmond Memorial Hospital, and has held position of head nurse in that institution.

AT New Orleans, Louisiana, December 1st, Miss Stella E. Farish to Mr. Emory Price. Miss Farish was graduated from the New Orleans Sanitarium Training-School, class 1906. Mr. and Mrs. Price will make their home near Lake Charles, Louisiana.

THE St. Joseph Hospital Alumnae announce the following marriages: Miss Frances Pond, '01, to Mr. Charles Lytle, at Howe Logan, Ohio; Miss Ellen Murphy to Mr. John Quinlan; Miss M. McDonald to Dr. Sullivan. Dr. and Mrs. Sullivan left for Europe, where the doctor expects to spend a year in study.

THE marriage of Dr. Charles G. Andrews, resident physician of Pedro Miguel, Canal Zone, Panama, and Miss Mary F. Cook, of Anconita, Canal Zone, was celebrated Thursday, November 1, 1906, at the residence of Mr. and Mrs. Mason E. Mitchel. The marriage ceremony of the Episcopal Church was beautifully read by the Rev. Brittain King. Miss Cook was attended by Misses Hibbard, King, Lyons, and Mackereth, of Anconita. Dr. Andrews was attended by Hon. Arnold Shanklin and Mr. Mason E. Mitchel. The bride was given away by Colonel W. C. Gorgas. After the ceremony Dr. and Mrs. Andrews departed for their future home at Pedro Miguel. The bride was a graduate of the M. E. Hospital Training-School for Nurses, Philadelphia, Pa., and belonged to the class of '95.

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#### OBITUARY

DIED in Philadelphia, November 11, 1906, Miss Helena Craddock Smith, a member of the Woman's Hospital Alumnae Association.

IN Indianapolis, August, 1906, Miss Frances Lee, a graduate from the Indianapolis City Hospital Training-School for Nurses in the class of 1896.

IN Kansas City, Missouri, May, 1906, Mrs. Mary Gable Roberts, wife of Dr. R. A. Roberts. Mrs. Roberts was a graduate of the Indianapolis Flower Mission Training-School for Nurses, in the class of 1887.

AFTER a severe attack of typhoid fever, Miss Mary Foster, a graduate of the Salem Hospital Training-School, died at the Salem Hospital, September 14, 1906. As a private nurse she had won the respect of all with whom she was associated.

DIED, on November 28, 1906, Clara M. Shaw, graduate of the Orange Training-School for Nurses, of the class of 1906, of typhoid fever, contracted as a result of a very arduous case she had undertaken alone. She had already won the gold cross, the highest distinction conferred by the school for conspicuous service, last spring. She has left behind her a record of loving devotion to her patients that will not soon be forgotten. A service held in loving memory by her classmates and friends was held on Sunday, December 2, at the Visiting Nurses' Settlement, of which she had been a resident, and being a member of the Guild of St. Barnabas, the chaplain, the Rev. Edwin A. White, took part in the service, with her pastor, Rev. Dr. Baldwin, of Calvary Methodist Church, Orange, New Jersey.

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# HOSPITAL AND TRAINING-SCHOOL ITEMS



QUESTIONS USED BY THE COLORADO NURSE BOARD OF EXAMINERS  
AT THE FIRST FULL EXAMINATION, JULY 18, 1906

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## ANATOMY AND PHYSIOLOGY

1. Name and locate the largest bone in the body.
2. Name the organs of the thoracic cavity, and give the function of each.
3. What are the three great eliminative channels of the body?
4. Name the divisions of the alimentary canal.
5. Describe any one of the following processes: digestion, respiration, or circulation.

## HYGIENE

1. How would you ventilate a sick-room?
2. Why is the daily bath of a patient so essential in the nursing care of many diseases?
3. How can water be rendered free from bacteria?
4. What general precautions should be observed in the purchase and care of foods?
5. What disposition should be made of the sputum from tuberculosis or pneumonia patients, and why?

## HYDROTHERAPY AND MASSAGE

1. Define hydrotherapy.
2. Describe method of giving a hot pack; cold sponge.
3. What effect has massage upon the circulation?
4. Name two diseases where massage is contra-indicated.
5. Why is massage beneficial to rest-cure cases?

## GENERAL MEDICAL DISEASES

1. What care would you give to prevent bed-sores?
2. How do you give a foot-bath in bed?
3. What class of patients are given cold baths?
4. In what disease is the sputum rust-colored?
5. What is meant by suppression of urine; retention of urine?

**MATERIA MEDICA**

1. State the various ways by which medicine can enter the system.
2. What are the forms in which medicine is put up?
3. How would you give a dose of castor oil to a child?
4. How do you prepare for and give a hypodermic?
5. Write out the English of the following abbreviations: aa — c — p.r.n. — t.i.d.

**DIETETICS**

1. Are the digestive organs affected by the condition of the general system?
2. What is regarded as the perfect food?
3. What is the best method for preparing beef juice?
4. What effect does boiling have upon beef tea?
5. Mention two ways of giving food other than by mouth.

**SURGERY**

1. State one method of preparing the field of operation for an appendectomy.
2. Name the articles to be in readiness on an antiseptic tray.
3. In cleaning the hands for surgical work, what part of the hand should receive the most careful attention?
4. Why are pus dressings, as a rule, not done in the main operating-room of the hospital?
5. Suggest a practical way of sterilizing surgical dressings in a private home.

**OBSTETRICS**

1. What is the function of the placenta or after-birth?
2. Give a complete list of articles which should be placed in readiness in the confinement room, after labor begins, for the normal obstetric case.
3. What are abortion, miscarriage, and premature labor?
4. What is puerperal infection; the source; the symptoms?
5. Describe a good breast binder and method of applying it.

**CONTAGIOUS DISEASES**

1. Give in detail the process of isolation and the sanitary surroundings for a diphtheria case throughout the case.
2. How do you feed an intubation case?
3. What precaution should a nurse observe in the care of her own health and habits while caring for contagious cases?
4. Why is the skin of patients having eruptive fever anointed?
5. Tell all you know about antitoxin; its manufacture, its use, etc.

**DISEASES OF WOMEN**

1. Name the female organs of reproduction.
2. What preparation should a nurse make for a vaginal examination?



3. What precaution should be observed in catheterization?
4. How would you prepare a patient for perineal operation? Give important points in after care.
5. Give symptoms of internal hemorrhage.

## CARE AND FEEDING OF INFANTS

1. (a) At what temperature should a nursery be kept during the day?  
(b) How high from the floor should the thermometer be hung?  
(c) How often and in what manner should the nursery be aired?
2. At what age may an infant first begin to be taken out of doors: spring, summer, autumn, and winter, respectively?
3. How often should artificially fed infants be weighed? What are the general indications that artificially fed infants are not doing well?
4. Name and describe the causes, symptoms, and care of any three disorders common to the first few weeks of an infant's life.
5. How much will the stomach of a new-born infant hold?

## NURSING THE INSANE

1. Name four forms of insanity, and describe two.
2. Name two fundamental requisites in the daily care of the insane.
3. How would you meet the delusions of insanity?
4. Is it ever permissible to deceive an insane patient? Why?
5. Describe the giving of gavage to an insane patient.

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TORONTO, CAN.—The accompanying cut shows the exterior of the new nurses' residence erected, furnished, and presented to the Hospital for Sick Children at Toronto, Canada, by the Hon. J. Ross Robertson. This is, without doubt, one of the most complete buildings of the kind that have ever been constructed. It cost about \$120,000, is situated at the south end of the hospital grounds, between La Plante Avenue and Elizabeth Street, is built in red brick in colonial style of architecture, is five stories, exclusive of the basement, and provides ample accommodations for the requirements of the hospital, probably, for the next twenty years.

The basement is as light and bright a floor as the upper floors of the building, and contains on its east side a refrigerator and cold storage room, a scullery, and necessary store-rooms for the kitchen. It has also a modern diet kitchen, in which the nurses are taught special diet work as well as general cookery. In the centre of the basement is a demonstration room, 40 x 30, where nurses are taught ward work by demonstration during their probation period, and before they enter the wards of the hospital. On the west side of the basement is a large plunge bath, 35 x 14, with shower-bath and dressing room, next a sewing room, and on the north side of the corridor two large trunk rooms, vacuum sweeper room, and elevator room, while under the front of the centre of the building is the boiler plant, furnishing the building with heat and hot water. No

brooms are used in the building. It is swept by the vacuum process. The centre part of the ground floor is devoted to a large lecture hall and reception room, and adjoining it on the east is the general dining-room, a serving pantry, and the kitchen and cooks' pantries. To the west of the reception hall are the parlor, music and writing rooms, a library of general literature, a lecture room, a waiting room, and a lavatory. The first floor has twenty bed rooms, each 9 x 16, with two bath rooms, in which there are two tubs each, one for every five nurses on the floor. There is also a parlor in the south centre of the floor for the nurses, and a bed room and sitting room for the superintendent. The second floor is laid out like the first floor, with twenty bed rooms, but it has in addition a medical library, which is exclusively for the use of nurses in training, and on this floor are also rooms for the assistant superintendent, the housekeeper, and the supervisor of nurses. The third floor is also for nurses, and contains twenty-four bed rooms. This floor is laid out the same as the two previous floors. The fourth floor has twenty-one bed rooms for domestics, and has bath rooms and other conveniences. In the centre of the fourth floor is a room 45 x 33, fitted up as a gymnasium for the nurses. This room is used for thirty minutes in the morning and evening, when the nurses are given instruction. A narrow stairway leads to the roof garden, a flat space 45 x 33, where, during the summer time, nurses may sit and rest when their day's labor is over.

It must be remembered that during the summer months the nurses have their turns at the Lakeside Home on the Island, but there are always about ten nurses at the hospital, and these have to have fresh air and rest in hot weather, such as we had in last August, for example.

There will be—in fact, are now—forty-five nurses, including probationers, in the hospital. A large amount of heavy work is required of these women, and to do this work and be in perfect health, they must live under the best sanitary conditions, with good food, well ventilated rooms, and up-to-date methods, by the aid of baths, gymnastic exercises, and physical instruction, so that they may not only be in the best of health during their stay in the hospital, but when they go out to labor in the nursing field they will do so under the best possible condition. This is a brief description of the residence for the nurses. It will be formally opened this month, after which the *JOURNAL* is promised a set of interior photographs, which will afford many valuable suggestions to those contemplating the erection of a nurses' home. From the building to the endowment of the school would seem to be only a step.

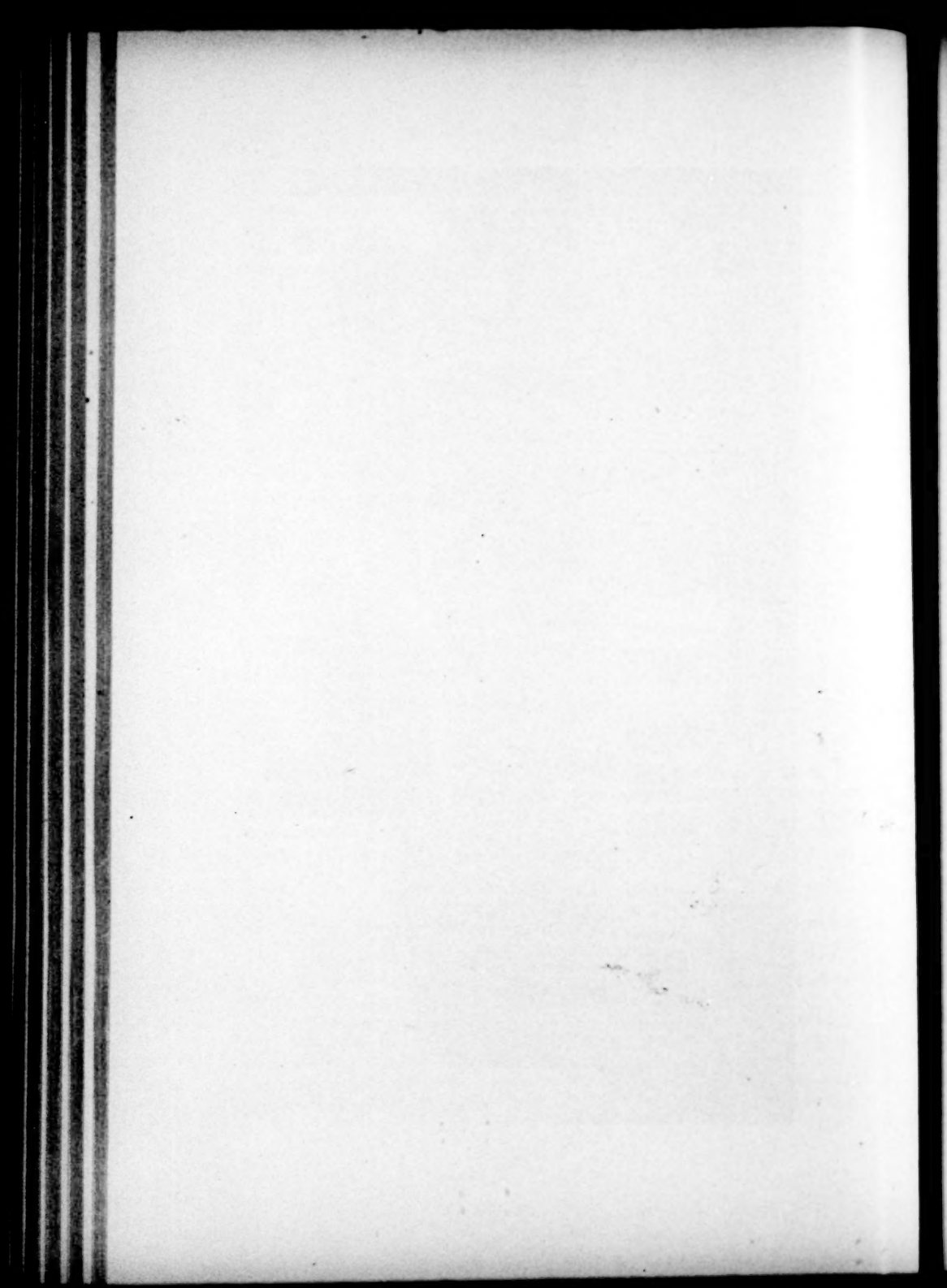
CHICAGO, ILL.—The graduating exercises of the Chicago Passavant Hospital Training-School were held November 15. The musical part of the programme was conducted by Mr. Blatchford, and among the speakers was Dr. Stella M. Gardiner, who in her charming manner gave a very interesting history of nursing and its progress.

Diplomas were given the following: Misses Anna Ziegler, Margaret Bidinger, Laura Grossteuck, Adelaide Moore, Clara Walker, Martha Wallace, Ellen Dubel, Maude Essig, and Mary Kennedy.

The alumnae entertained the class and a number of their friends November 14. A very delightful evening was spent. An amusing paper entitled "Snatches

**Turner Building, Hospital for Sick Children, Toronto, Canada.**





of *What I Have Seen*" was read by Miss Wallace. This, of course, was from an Irish standpoint, she being from Belfast, Ireland. Miss Essig gave a history of the class, and Miss Kennedy made the hit of the evening in her class prophecy. Some good, wholesome advice was given to the juniors by Miss Grossteuck, and very aptly responded to by Miss Barnett. Miss Ulendorf recited "Women at a Social Game," and Miss Weiss gave two songs. The nurses sang some of the "Old Home Songs," and the gentlemen, not to be outdone, sang a number of college songs. About seventy-five were present.

CLEVELAND, OHIO.—A class of eleven nurses graduated from St. Vincent's Charity Hospital, of Cleveland, Ohio, on November 27, 1906. The names of the young ladies receiving diplomas were: Miss Mary Elizabeth McGrath, Canada; Miss Clara Louise Robertson, Oswego, N. Y.; Miss Mary Elizabeth Hogan, Cleveland; Miss Minnie Alkire, Chillicothe; Miss Mary Alice Daugherty, Kent; Miss Helen McDermott, Akron; Miss Gertrude Perrin Elsworth, Green Spring; Miss Mary Catherine Metzger, Louisville, O.; Miss Margaret Cecelia McGuire, Akron; Miss Teresa Isabel Rynn, Akron, and Miss Anna Mary McGreevy, Akron.

A number of entertainments were given to the graduates. On Monday evening the class was entertained by the seniors of the training-school with a theatre party at the Opera House, followed by a supper at the Colonial Hotel. On Tuesday evening the sisters of the Hospital gave a dinner in their honor, and after the commencement exercises a banquet was tendered to them at the Hotel Euclid by the graduates of last year.

THE graduating exercises of the Danville, Virginia, General Hospital training-school for nurses were held at the hospital December 14th. Diplomas were presented to the following graduates by Dr. R. B. James: Miss Rosa Lee Arun, Miss Dora Hartsell, Miss Maude Evelyn Minter, Miss Doris Isabel Wimmer, and Miss Mary Stuart Vernon.

THE new wing of the Orange Memorial Hospital was thrown open for public inspection Thursday, December 6, 1906, and presents the most pleasing and gratifying results to all who have labored towards this end. It is beautifully equipped, and up-to-date in every particular. The lower floor will be occupied by babies and children, and includes a sun parlor, with the most fascinating furniture—the gift of one of the hospital's most generous donors. The walls of the building are tinted a pale green, which relieves the white woodwork, and is more restful to the eye than all pervading white, until the upper or third floor is reached, which includes the operating theatre, and then all is white. Apparently nothing has been left unthought of in this, and indeed, in all its parts. The heating and ventilating are most thorough, and can be regulated to a turn for all weathers. The maternity wards include a delivery room and babies' room. The second floor is devoted to private rooms, most attractively furnished, some by private donors, with all their dainty china and restful surroundings. One is provided with a private bathroom, and every floor has ample facilities for bathing, cooking and drying rooms, and, dear to the nurse's as well as the housekeeper's heart, well filled linen-shelves. Old graduates of the school who took opportunity to go through everything on that day could not fail to



compare the old times with the new and rejoice in all the advancement and good things that time had provided.

THE addition to the Home and Retreat, Lynchburg, Virginia, will be ready for occupancy by January. The capacity of the institution will be doubled and all modern improvements embodied.

THE Minnequa Hospital nurses have placed a life size portrait of Florence Nightingale in tile in one of the niches in front of the hospital. There are eight niches in all, four of which are now filled. Hippocrates, Jenner, N. S. Davis, and Florence Nightingale are the subjects represented. The latter is considered to be the best picture.



Is there any connection between these three facts: (1) flies act as carriers of typhoid fever infection, (2) in October, when the first cold days come, flies clamor for entrance to our heated houses, and infest our homes, and (3) in October, we have the greatest amount of sickness from typhoid fever? Can Mr. Fly plead not guilty in the face of this circumstantial evidence?—*Public Health*.

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"RESOLVED, That I have named my boat Advice so no one will take it. There have been so many boats missing around here lately. But nobody will take advice. The only man who will take advice is the man who does n't need it—you can get tons of advice when you don't need it, but directly you need it you must pay well for it."—*Buster Brown*.

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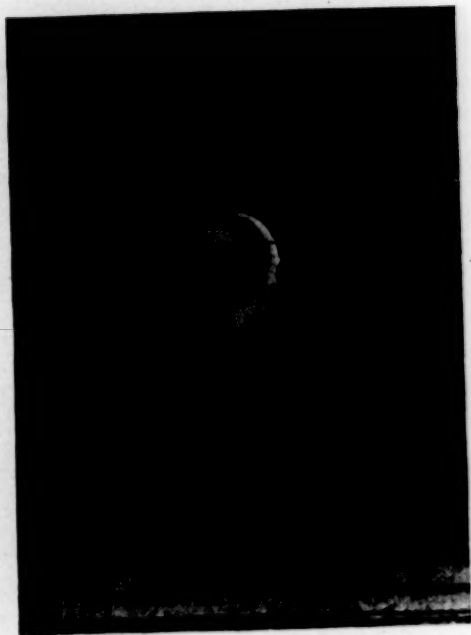
"IF the power to do hard work is not a talent, it is the best possible substitute for it. Things don't turn up in this world until somebody turns them up. A pound of pluck is worth a ton of luck. Luck is an *ignis fatuus*. You may follow it to ruin, but never to success."—*Garfield*.

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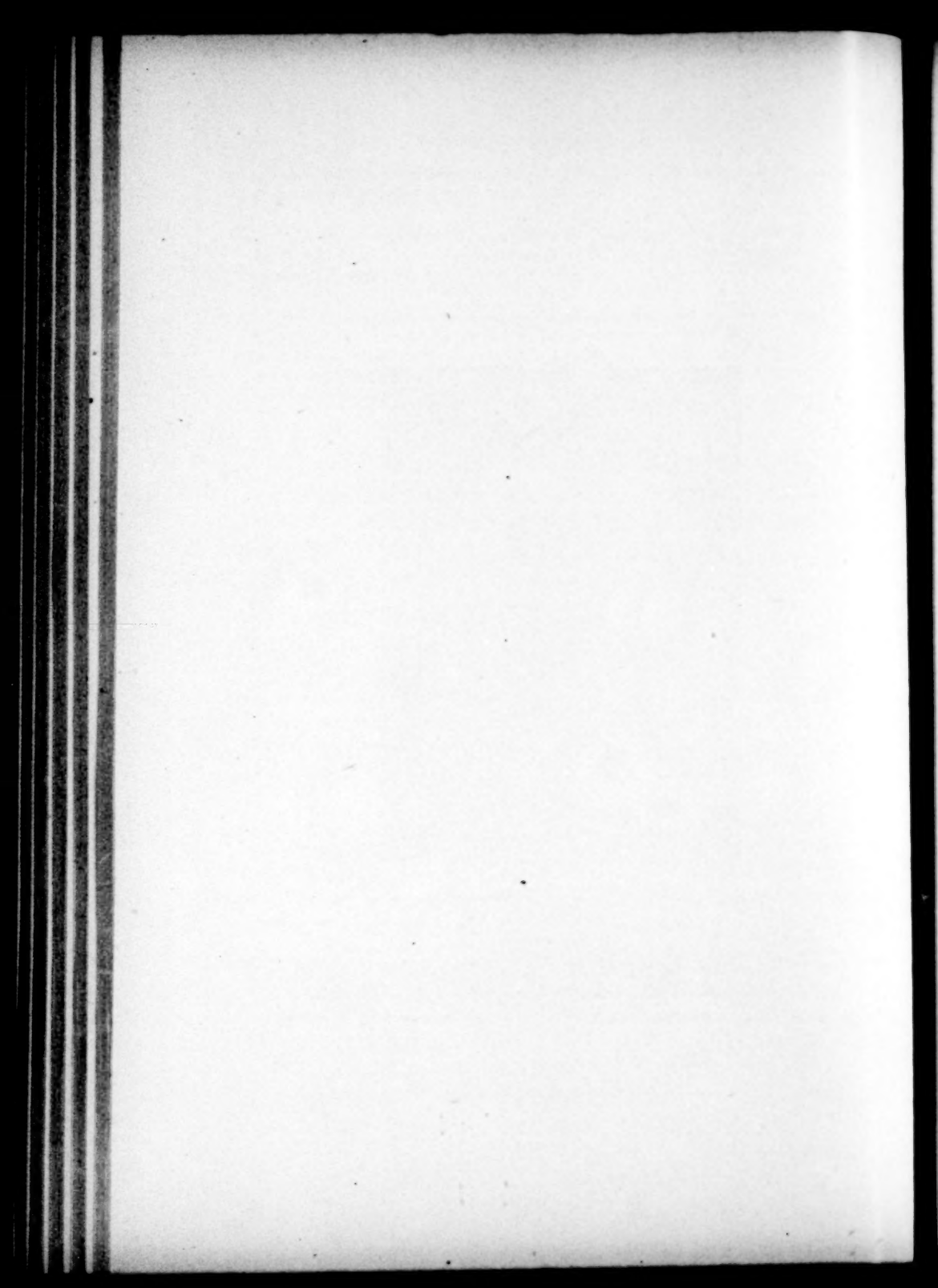
"I KNEW a witty physician who found theology in the biliary duct, and used to affirm that if there was disease in the liver, the man became a Calvinist, and if that organ was sound, he became a Unitarian."—*Emerson*.

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"CHARACTER is nature in the highest form."



Florence Nightingale.



## CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL  
FOR THE MONTH ENDING DECEMBER 13, 1906

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**FARISH, WINNIE**, ex-army nurse, graduate of New Orleans Hospital Training-School, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

**HAENTSCHKE, AMALIE IDA**, graduate of German Hospital, New York City, 1898, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

**HANSON, BERNICE ELIZA**, arrived at Newport News, Virginia, on Kilpatrick, en route from Manila; ordered home to report for discharge.

**LEONARD, GRACE E.**, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Thomas December 5, 1906.

**LUSTIG, GERTRUDE H.**, graduate of Memorial Hospital, Morristown, New Jersey, 1902; post-graduate course at Sloane Maternity, and superintendent of Training-School and Hospital, Morristown Memorial, for four years and at time of appointment; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

**VAN DERHOEF, IDA E.**, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

**WHITE, ALICE CECIL**, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Thomas December 5, 1906.

**WILLIAMSON, ANNE**, arrived at Newport News, Virginia, on Kilpatrick en route from Manila; ordered home to report for discharge.

**WOODS, EMMA**, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

## PRACTICAL SUGGESTIONS



CUTTING instruments may be conveniently sterilized by scrubbing with green soap, then wrapping the blades in sterile cotton, saturated with tincture of green soap. This wrapping is allowed to dry on the instruments, and they are put away for future use. Just before using, they should be dropped into boiling water.

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WHEN it is necessary to bathe a baby in a room that is at all chilly, if the nurse will put a hot water bottle in her lap, properly covered, and let the baby lie upon it, it will obviate the danger of chilling.

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IN giving a bath and doing up the morning's work, a small towel pinned to the nurse's skirt just under the apron will be found a convenience and do away with entering the bath-room so often to dry the hands.

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J. H. P.

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WHERE lightly polished furniture is found in the sick-room, it is well to protect the side of the bed with a towel or papers, for alcohol and soap and water do much harm, and brand the nurse in the eyes of the family as careless. Stork sheeting can be used on the bedside table, so hot articles will not mar the wood.

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J. H. P.

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FOR patients who must be kept in a sitting posture, to facilitate the drainage of pus, comfort may be obtained by folding a sheet diagonally and tying the ends to the bed posts at the head of the bed. This makes a hammock-like seat which is more yielding and restful than the bed, and keeps the patient from slipping downward.

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A CORK, readily obtained from an ether can in the operating-room, may be dipped in scraped sapolio and used to clean knives and needles. It serves the purpose much better than gauze.

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**GENTLE** massage of the feet of a nervous, wakeful patient will often induce sleep when other means fail.

H. W. K.

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**MALTED** milk prepared as for a drink, then frozen, is very acceptable to most patients.

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**VERY** strong chicken broth, seasoned with thyme and strained into small moulds, forms a jelly that is both palatable and nutritious.

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**A REFRESHING** drink is made by putting cracked ice, the juice of half a lemon, the juice of an orange, and sugar into the shaker with the raw eggs. Well shaken and then strained, this kind of orangeade is enjoyed by patients who cannot take raw eggs in any other way.

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**THE** safety razor will be found of great service in shaving the field of operation preparatory to surgical operations. It cannot entirely replace the ordinary razor, as it is difficult or impossible to get into the folds of the skin with the safety. However, most areas can be quickly and smoothly shaved, with much less discomfort to the timid patient than in the old way.

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**WHEN** feeding a patient who is lying in bed, if liquids are placed under the tongue instead of upon it, the patient is not as liable to choke.

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**BEEF** or mutton broth, free from fat, seasoned and frozen in an ice-cream freezer, affords an agreeable change from the monotony of diet.

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**IN** obstetrical practice, when a patient is suffering from excess of milk and the physician cannot be reached at once, the first endeavor of the nurse must be to relieve the pain of the patient. Flannels wrung out of hot water, rubbing the breasts gently towards the nipple with warm sweet oil or cocoa butter, and the use of the Florence Nightingale Breast-pump, are measures which may be resorted to safely.

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